Reimagining Indigenous Spaces of Healing: Institutional Environmental Repossession

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Among the global Indigenous population, concepts of health and healthy living are wholistically intertwined within social, physical, natural and spiritual systems. On-going processes of colonization and experiences of environmental dispossession have had the effect of removing Indigenous Peoples from the lands, people and knowledge systems that have traditionally promoted their health. In 2014, Big-Canoe and Richmond introduced the idea of environmental repossession. This concept refers to the social, economic and cultural processes Indigenous People are engaging in to reconnect with their traditional lands and territories, the wider goal being to assert their rights as Indigenous People and to improve their health and well-being. As Indigenous mothers, both who live in urban centres away from our families and traditional lands and knowledge systems, we highlight the ways in which this conceptual model can promote Indigenous health and healing in urban institutions and spaces not located within or near traditional territory. Specifically, we draw on three examples – an urban hospital, a university food and medicine garden, and a men's prison – to illustrate how Indigenous Knowledge, ceremony and land-based learning can be incorporated into these institutions and spaces to foster healing and improved wellness for Indigenous People. With increasingly urbanizing Indigenous populations in Canada, and around the world, these findings are important for the development of healing places for Indigenous Peoples, regardless of where they live.

Keywords

Environmental repossession, Traditional healing, Indigenous health, Institutions, Space, Place, Health geography, Indigenous Knowledge (IK)

Introduction

We write this paper in the thick of a global pandemic. To date, the most prolific response to curbing COVID-19 is through the practice of social distancing. For people and communities around the world, the idea of isolating ourselves from our friends, family

and co-workers is antithetical to the foundations of our societal norms and cultural practices. Among Indigenous Peoples, where concepts of health and healthy living are wholistically intertwined within social, physical, natural, and spiritual systems, these practices are even more challenging. Indigenous health and healing have traditionally been promoted through land-based ceremony and other practices that support a wider spectrum of wellness, including the physical, mental, emotional, and spiritual (Greenwood, 2005). These practices have kept people healthy because they foster interaction with the land and its bounty of food

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and medicine, and also because they strengthen cultural identities and deepen one's sense of belonging. Indigenous Knowledge (IK) provides the foundation for these interactions and practices (McGregor, 2004; Cajete, 1994). Winona LaDuke (1994) defines IK as "the culturally and spiritually based way in which Indigenous Peoples relate to their ecosystems and with one another" (p. 127). Among the Anishinaabe people, for example, these relationships are considered central for living *mino biimadisiwin* (the good life). While many use *mino biimadisiwin* in reference to living a healthy life, it is, in fact, an Anishinaabe philosophy about living in the world and relating in a good way with people, animals, medicines, and the spiritual (Borrows, 2016; McGuire, 2016). It is the idea that living in a balanced way centrally supports healthy living.

COVID-19 aside, in order to understand the concept of environmental repossession, we must examine the historical and political context of what happened to Indigenous People through the process of colonization, within the geography of Canada. This history impacts and shapes the realities that Indigenous People experience in contemporary times. Through disruption and severing of social connections, and displacement of land ownership, including subsurface rights, a systematic restructuring has created an environment of inequality for Indigenous Peoples, and resulted in numerous inequities that shape and serve to maintain conditions of disparity in almost every domain of quality of life ( ). Alongside this reality, we must not lose sight of the deliberate Indigenous scholarship and resurgence that has taken rise within Indigenous communities. Birthed from within a place of tension, and budding within the field of Geography, Indigenous youth and voices from the ground have helped to shape a hopeful and new research paradigm known as environmental repossession (Big-Canoe & Richmond, 2014). This concept brings to light a hopeful, theoretical framework "supported by three interconnected concepts that includes that sharing of Indigenous knowledge, the social space to share this knowledge, and connection to the land" (Mikraszewicz & Richmond, 2019, p. 3). Alongside the erosion of access to land and the knowledge that comes with these practices, new and hopeful opportunities have been created through the deliberate reclamation of place wherein Indigenous

People are asserting their rights to improve health and wellbeing. In this paper, we embrace the concept to explore if and how key elements of environmental repossession – land, social relationships, Indigenous Knowledge – can be useful for enhancing health and healing benefits within three Indigenous spaces located within institutional environments in urban spaces.

Who We Are

As co-authors on this paper, the content and ideas for this paper are both personal and practical. As mothers to young children, we both find ourselves in urban settings wherein we are physically and socially distanced from our families and homelands, and the Indigenous Knowledge systems contained therein. The first author is a mixed-ancestry Indigenous person, whose life path has been shaped by many experiences, including being a Sixties Scoop survivor and growing up and living most of her life in Calgary, Winnipeg, Hamilton, Toronto, and London.

The first author's history is also shaped, in part, by the disconnections to her family of origin and the physical relocation from her ancestral homelands; she has been able to reclaim knowledge of herself and identity (Niizh Binesiwag, Two Thunderbirds) through access to Elders, ceremony and traditional medicines she has accessed through urban Indigenous health spaces. Author Two is Anishinaabe, originally from Biigtigong Nishnaabeg. Since 1997, when she left northern Ontario, she has lived in the homelands of the Haudenosaunee, Algonquin, and now the Munsee Delaware, Oneida and Chippewa's. While she has lived in London, Ontario for the past twelve years, this home cannot replace the people, places, and knowledges of the traditional territory from where she was raised.

Together, we have come to understand that many of the experiences we have had, and continue to have, as Indigenous People who are physically disconnected from our ancestral family of origin and homelands are not unique to us. Indigenous Peoples have been displaced from their traditional territories and urbanized for many reasons. As Indigenous women, we raise our children in the city of London and far away from our home territories, and we believe that we have a right to access spaces and places to create meaningful connections with the land and practice

our culture, which is foundational to the health and wellbeing for ourselves and our families. As scholars who have worked in various health care and university settings, we are continually examining the ways in which we, and other Indigenous People, are able to enact our right to be connected to the land. It has been our experience that Indigenous People benefit more from health care and educational environments that have established a healing base rooted in land-based practices than those that do not. Building on these personal reflections, this paper will highlight three urban sites wherein the process of environmental repossession is occurring. Drawing from Big-Canoë and Richmond's early work (2014), we explore if and how these places can address issues of access to land, IK, and social relationships.

Theoretical Context: Place, Space, Health and Indigenous Geographies

The core focus of this paper is rooted within spatial awareness of 'space' and 'place', two terms central to the wider field of Geography, a broad discipline that considers the meanings, characteristics, uses, and relationalities of spatial environments. The study of 'space' and 'place' are essential to all aspects of Human Geography (Crooks, Andrews, & Pearce, 2018). How we construct these multidimensional settings and locations of everyday life matter as 'places' are both physical and social (Cresswell, 1996). Thus, 'place' is not a neutral term; rather, it is a concept that describes a location of social construction and hierarchy that influences the place-making activities such as community-building activities which can facilitate a relationship and emotional attachment to that place (Castleden, Crooks, Shuurman et al., 2010). The contemporary construct of 'place' is the result of a colonial society, replacing and dispossessing the original constructs of Indigenous 'place', wherein colonialism survives on establishing positions of power embedded within hierarchical structures. It is also possible to view 'place' as a landscape that operates through social interactions, and one that hosts environments such as institutions, and is the foundation of economic and political decisions, with concrete boundaries. This is in direct contrast to the meaning of 'space', which is far more abstract and without fixed boundaries. An understanding of 'space' and 'place' becomes

centrally important, recognizing that as we engage in these concepts in new ways at the intersection of health, we have come to recognize the profound influence of 'space' and 'place' on health, and thus relevant to being able to address the most pressing and complex contemporary health questions.

Health geographers recognize that places influence our sense of wellbeing and can support health-care, just as places can also make us sick, and that the relationship between space, place, and health is specific to the context, is complex to understand and can be messy (Crooks et al., 2018). Health geographers also recognize that both health and place are socially constructed, yet it is rare to find an earnest understanding of the impact that health and place have on one another, making this dimension an important area of study. Crooks et al. (2018) note that in centering the relationships between health and place, it may be possible to identify "new solutions to old problems" (p. 227). Building in important ways on themes of renewal and unpacking the meaning of place, the geographies of Indigenous health is a sub-discipline of Health Geography that seeks to understand the complex relationship between Indigenous People's health and the land (Wilson, 2003; Wilson and Rosenberg, 2005; Richmond et al., 2005; Richmond & Big-Canoë, 2018). In 2003, Wilson concluded that "conceptualizations of health and place within the Geography of Health literature were only partial," thereby calling on others in the field to expand their ways of thinking about, and measuring, Indigenous health (p. 83). Wilson's seminal research set the context for a field that would wholeheartedly embrace this challenge. Drawing in large part on critical theory and decolonizing methodologies, Indigenous health geographers are propelled by a moral imperative to use research as a tool to support Indigenous self-determination about their own health matters and environmental futures.

About Environmental Repossession

What is 'Environmental Repossession' and Where Did it Originate?

The concept of environmental repossession originates from theory and method rooted in the geographies of Indigenous health. Environmental repossession is part of a movement that seeks to align and enhance Indigenous self-determining research processes by

providing practical, visible and applied outcomes, occurring within a clearly defined context that benefits Indigenous people (Mikraszewicz & Richmond, 2019; Hatala, Morton, Njeze et al., 2019; Tobias & Richmond, 2016; Richmond, 2015). Based on nurturing social relationships between IK and the land, and revitalizing connections enacted through social, cultural, economic and political processes, Indigenous People are striving to ‘repossess’ or reconnect with their environments and to assert their rights to improve community health and wellness (Big-Canoe & Richmond, 2014).

The concept first made its appearance through a case study in northern Ontario, wherein, Indigenous youth contemplated the negative impacts of environmental dispossession on their daily living, and how this troubling pattern can be improved upon (Big-Canoe & Richmond, 2014). Specifically, the youth identified a need for greater opportunities to engage with Elders, from which they argued they would learn IK through being out on the land. “As conceptualised by Biigtigong’s youth, environmental repossession is supported by three interconnected concepts that includes that sharing of IK, the social space to share this knowledge, and connection to the land” (Mikraszewicz & Richmond, 2019, p. 3). Because environmental repossession is grounded in critical and place-based theory, it can serve as a theoretical framing or lens in drawing out local meanings and contexts that are missing from our current knowledge base (e.g. places wherein decolonizing and reconciliatory processes have taken hold), prompting access to land-based learning and healing practices. Examples of these reconciliatory processes are diverse and broadly span various institutional spaces that have historically harmed Indigenous People, including the Indian Residential School system, Indian hospitals and Inuit experiences in the sanatoria. Experiences of colonialism have commonly marginalized Indigenous People from their traditional homelands, cultures, and ways of living. In modern times, these processes continue to inflict extreme harm on Indigenous health and wellbeing.

Yet, Indigenous Peoples are not mere victims in their experiences of dispossession. Over the past few decades, an exciting and empowering research paradigm has developed to support work with Indigenous populations to revitalize knowledge systems

and connection to the land, the greater objective being to support Indigenous community self-determination and improved health (Mikraszewicz & Richmond, 2019). Building on Hatala et al.’s (2019) call to support Indigenous land-based healing in the city, we draw from environmental repossession as a theoretical framing to explore the ways in which proxies for IK, land and social relationships – the key pillars of environmental repossession – are used to support health and healing for urban Indigenous Peoples in institutional settings as described below.

Environmental Repossession in the City: A Hospital, Prison, and University

In this study, we draw on three case studies to explore and describe the ways in which these urban institutions are supporting the health and healing of Indigenous Peoples. These cases serve as proxies for the three pillars of environmental repossession – social relationships (e.g. roles within community, Elders in Residence; Aunties, Grandmothers can offer substitute for kinships not accessible); connections to the land (e.g. ceremonies, including smudging; traditional medicine harvests; Sweatlodge ceremonies); and IK systems (incorporate traditional teachings, values, language, and knowledge about health and healing and how to incorporate what’s available to enable this). It is important to note that there is not a large body of knowledge collected in the academy about Indigenous Peoples’ relationship to spaces that have been transformed. Therefore, in the following section, we will identify three case studies of places that demonstrate activity within the core facets of environmental repossession, what they are doing to support Indigenous healing, and how we identify proxies for repossession.

Case Study 1: The Ceremony Grounds, The Centre for Addiction and Mental Health (CAMH), Toronto, Ontario

“Our new buildings will be so much more than walls, floors and ceilings. They will be respectful and dignified places that promote healing and recovery. They will be a powerful symbol of CAMH’s move away from institutionalization and towards integration within

our community. And they will serve our academic mission to advance mental health research, nationally and globally.” CAMH President and CEO Dr. Catherine Zahn (CAMH, 2020, para. 3).

For the past decade and a half, the Centre for Addiction and Mental Health (CAMH), Canada’s oldest and largest mental health teaching hospital, has been undergoing a process of “physical transformation... turning what was once a walled institution into a symbol of hope for the future of mental health care” (CAMH, 2020). Through these changes to modernize and reimagine space to be open, inclusive, dignified, and respectful, the landscape and connection to what was formerly a Provincial Lunatic Asylum in the 1850’s has been altered, both physically and symbolically. In the spring of 2016, CAMH opened the Ceremony Grounds, a narrow track of land nestled between two of CAMH’s buildings, hosting the Sweatlodge, Medicine Garden, and Sacred Fire, created to facilitate ceremonies “designed to help purge body and mind of past abuse and trauma - essential on the path to recovery” (Diane Longboat in Honderich, 2016, para. 5). This space provides access to traditional healing embedded within a formal treatment plan for “every First Nations, Inuit and Métis client who requests it [and] is considered part of the standard of care at the hospital” (CAMH, 2020). A critical part of the Ceremony Grounds is the Sweatlodge, which is a covered structure made of willow branches built into a ‘womb-like’ design, creating sacred space where ceremony attendees gather and sit directly on the earth covered with cedar sprigs (see Figure 1). Within this space, ceremony is conducted by an Elder who facilitates the transfer of knowledge and leads the ceremony involving the use of grandfathers, which are fire-heated rocks that are used to induce sweating, burning plant based medicines, and bringing about an altered state of consciousness that enables one to transcend, release, and potentially experience life altering benefits, including healing from abuse and trauma.

These services are offered for both staff and patients of CAMH, and are connected to the Aboriginal Services, which employs Indigenous and non-Indigenous health professionals, social workers, and a residential Elder and Healer. A critical part of this

approach is to combine connections to Traditional Knowledge of health and healing and leveraging the natural environment as a part of this process. These processes have been made possible through the transformation of institutional space to create access to a land-base in an urban centre. This space restores a historic connection that Indigenous People have had with the land that is now occupied by the hospital as “CAMH is situated on lands that have been occupied by First Nations for millennia; lands rich in civilizations with knowledge of medicine, architecture, technology and extensive trade routes throughout the Americas” (CAMH, 2020). Through the reclamation of space, CAMH has recognized, with guidance from the local Indigenous communities, that the use of this space to host sacred ceremonies is in keeping with the land recognition of how this place was used for hundreds of years prior to the development of the hospital. A Reconciliation Working Group (RWG) has been in place since 2017, bringing together Indigenous and non-Indigenous people to host cultural, social and Indigenous learning opportunities. Through this active work, the committee has created connections to Indigenous Knowledge Keepers and to Aboriginal Services within CAMH to build partnerships, increase visibility of Aboriginal services, and to facilitate access to education on Indigenous cultural safety (Longboat, Green, Shkaabe Makwa et al., 2019).

This case study offers a promising example of how an institutional hospital space in downtown Toronto could enable processes of environmental repossession, re-organizing space to support a Sweatlodge, Fire and Medicine Garden in response to Indigenous patient and community desires, and to enact control over Indigenous health and healing practices. While these practices have never been explicitly labelled or talked about within an environmental repossession framework, it is interesting to see that these promising practices meet the conditions. As a result of these elements, CAMH’s Indigenous space and programs could be considered proxies for a health-promoting environment where access to one’s own ancestral land-base, knowledges, and social connections may not be traditionally available. Some of the limitations apparent in this promising example include the lack of formal research or publication, leading the primary author to conclude that more needs to be known about these healing spaces within hospitals, including

peoples' relationships to the space, what their experiences are, and how this lends to health, healing and reconciliation of healthcare environments.

Figure 1: A bare sweatlodge frame with a pit for the grandfather and grandmother stones that will be used in ceremony once heated in the Sacred Fire, located outside of the sweatlodge within the Ceremony Grounds at CAMH, Toronto (CAMH website, 2020).

Case Study 2: Western University Indigenous Food and Medicine Garden (IFMG), London, Ontario

Located at Western University, within the City of London, and on the traditional territories of the Anishinaabek, Haudenosaunee, Lūnaapéewak and Attawandaron peoples, the Indigenous Food and Medicine Garden (IFMG) is situated on land within an institution, wherein the “assertion of Indigenous control was the primary use of the space” (Peach, 2018, p. i). The space was originally reimagined by an Indigenous graduate student and has been a fixture on the main campus of the university since 2014 (Peach, 2018). Development of the IFMG involved recreating the “necessary conditions (e.g., social, environmental) for these traditional ways of eating [that] have been significantly incapacitated from colonial mechanisms, both past and on-going, since the arrival of Europeans” (Peach, 2018, p. 10). In her Master’s Thesis, Peach (2018) examines the local meaning of the IFMG, or the garden, and finds that “the garden provides a vitally important space for the Indigenous community at Western to practice, share and strengthen their Indigenous Knowledges” (p. i). These findings also document the limitations of repossession within an institutional structure, stating that “the reconciliatory impact of Indigenization projects, such as Gardens, relies heavily on the strength of relationship between Indigenous people and the University Admin-

istration, and also on the ability of Indigenous people to be self-determining in these spaces” (Peach, Richmond & Brunette-Debassige, 2020, p. 117). While there may be opportunities to strengthen the potential of the garden as a space for self-determination, the current model of the IFMG, run by students, staff, and volunteers at Western University, does serve to meet the criteria of environmental repossession. For example, the garden hosts many well-respected Elders in residence and Knowledge Keepers from local Indigenous communities who contribute their expertise and wisdom on the IK systems inherent with the use of the land and the relationships to the food and medicines. The IFMG produces food and medicines for Indigenous students and visitors through items harvested, including ingredients required to make soup for Corn Soup Day and stocking the Elder’s Closet (i.e., the storage space for gifts and offerings at Indigenous Student Services) with traditional tobacco (Peach, 2018, p.8).

Through the transformation and reclamation of space, students and visitors have access to ways to learn and practice connections to IK and the land in ways that are not typically available within an academic institutional environment. The garden has been characterized as a space which forms a place where Indigenous People can practice IK, have it valued and practice culture. Additionally, through the involvement of Elders, social connections are made, nurturing a health-promoting environment by affirming Indigenous identity and belonging (Peach, Richmond & Brunette-Debassige, 2020; Peach, 2018). The IFMG offers a place of connection for students attending Western University and missing the connections to their homelands, as well as for Indigenous People who have never had the opportunity to hold connections to IK before. In both situations, the IFMG is described as an important space and proxy a traditional land base and a linkage to health and wellbeing at Western.

Case Study 3: A Study Based on Prison Institutions in Canada; Stephanie Wellman Thesis 2017, Literature Review and Primary Research

The final case study is compiled from a collection of interviews with Indigenous men who have all been formerly incarcerated in either federal or provincial

correctional institutions in Canada within the last decade. The data has been drawn from both the primary research of Wellman (2017) and includes references to her literature review and drawn from literature from James Waldram (1997). The thesis documents experiences of men who accessed Indigenous programming guided by Elders (e.g. Healing Circles, Healing Lodges), or programs carried out by Corrections Services Canada staff with the assistance of an Indigenous Elder. Some of the rehabilitation supports include traditional medicine use or ceremonies conducted on a land-base, such as the Sweatlodge, or ceremonies organized independently amongst inmates, such as smudging. In examining the experiences of incarcerated men, the thesis highlights important social connections and relationships imparted through programming, such as the Aboriginal Offender Substance Abuse Program (AOSAP), a high-intensity intervention program that blends cultural and cognitive practices. This program addresses “physical, mental, emotional and spiritual affects of substance use through Indigenous cultural and spiritual values and ceremonies, while incorporating cognitive therapy, social learning theory, harm reduction, stages of change, motivational interviewing, and relapse prevention” (Kunic & Varis, 2009, p. 8). In this way, IK is integrated into treatment for the inmates, demonstrating the efficacy of Indigenous spirituality programs in resolving identity conflicts. To add, Waldram (1997) found that prison is often a place where Indigenous men first learn about and/or participate in their cultural practices and that Indigenous men enter prison with conflicted identity issues as a result of colonial projects, racism, discrimination, and marginalization. This speaks to the critical importance of offering proxies for environmental repossession in institutions such as prisons. The results of the study “highlight the importance and necessity of Indigenous-specific prison programming to incarcerated Indigenous men, as well as the healing potential of Indigenous culture and spirituality” (Wellman, 2017, p.ii). Thus, this example of repossession has demonstrated an intricate measure to restore a sense of balance within institutional life and beyond. In fact, the restorative measures of repossession have been evaluated through the AOSAP and point to the efficacy of these approaches versus non-Indigenous interventions, citing lower

rate of recidivism and a reduced likelihood of substance use (Kunic & Varis, 2009).

Discussion

These case studies demonstrate that it is important to look at how institutions support Indigenous people, and why. As exemplified in the case studies of CAMH, the Medicine Garden, and prisons, we hope to express how we see processes of environmental repossession applied in these institutional spaces, and how these practices are designed to foster health and healing. These examples surface some of the tensions inherent in activities combining traditional medicine and healing within a non-Indigenous facility. For example, inmates in Case Study 3 have identified issues and challenges of Indigenous-specific programs within correctional settings, such as the difficulty for Indigenous spirituality to be legitimized in a culturally appropriate manner, and a pan-Indigenous approach where Indigenous spirituality and identity is viewed to be homogenous (Wellman, 2017). Though, in response to this critique, both Waldram (1997) and Wellman (2017) found that “none of the men found pan-Indigenous programming to be problematic... the men in the present research project discussed the respect and inclusivity inherent in Indigenous culture...” (Wellman, 2017, p. 78). Additionally, some of the men noted that they felt comfortable in knowing that “everyone in the Circle was coming together and participating for the right purposes, which was to talk to the Creator and thank him for their breath of life, and to be proud of being Indigenous” (Wellman, 2017, p. 79). There is also some debate about how we create a space to fill a purpose, including pushback on the use of symbolic gestures recreated within institutions. In Case Studies 1 and 2, additional tensions surrounding the combination of IK systems with mainstream practices is controversial and these proxies are not widely accepted; yet, based on the demand from Indigenous People in these places, applications have been found to be useful and sometimes critically important for health and wellness.

As reported in the results of Case Study 2, “growing traditional foods and medicines on Western University’s campus supports Indigenous self-determination and land reclamation; it provides a criti-

cal space for the sharing and learning of Indigenous Knowledge, and the practical place for ‘doing’ the growing, tending, procuring, harvesting, sharing, and eventual consumption of traditional foods” (Peach, Richmond & Brunette-Debassige, 2020, p. 124). With this practical space, Indigenous students are able to choose to deliberately engage in IK, and to learn and grow in ways not typically associated with an institutional environment, especially one that may be located away from their traditional territory. These case studies help to identify the possibility of re-establishing critical connections and relationships to support the many Indigenous People experience environmental dispossession, including those who are living in institutions or urban areas. A key observation of these examples is that social relationships and IK are nurtured through Elders and Knowledge Keepers who are brought into institutional places to facilitate these processes. Without their critical support, the opportunity for benefits to Indigenous health and healing may not exist. Even the most advanced technical physical spaces are not brought into the realm of place and become an environment of care without practitioners – those that enable and access socially constructed experiences. Thus, key actors are required to enable Indigenous cultural spaces to become places of health and healing.

Conclusion

Indigenous scholars have identified many promising examples that reinforce the fact that “cultural wounds demand cultural medicines” (Chandler & Dunlop, 2015). In Canada, it is common for institutions to be created in such a way that Indigenous cultural spaces are not typically considered in spatial planning. To facilitate traditional healing and land-based applications, places like hospitals and prisons require considerable structural and spatial transformation. When Indigenous cultural spaces are integrated in the initial planning in new builds or restructuring phases in existing institutions, there is significant - yet under-reported and underexamined - gains in Indigenous health and wellness in these institutions.

In this paper, we have drawn from the concept of environmental repossession to examine if and how it may be useful for supporting health and healing for Indigenous Peoples in urban institutions. Through

these examples we hope to offer ways to consider future applications of environmental repossession and increase awareness of the potential value of these processes for Indigenous People who are not connected to a land-base or displaced from their homelands. We believe that there are many unidentified opportunities to locate new solutions, or advance and grow current initiatives that can support enhanced well-being and health for Indigenous People within urban spaces, or non-Indigenous places, such as those described above. Current data reminds us that at least 75% of Indigenous People in Ontario reside off-reserve, and the majority of this population live in urban centres; thus, the health, social, and cultural needs of Indigenous Peoples in urban settings is deserving of greater research and policy attention. It is important to re-imagine the city and its various places and spaces not as isolating and health-damaging, but rather as full of opportunity to be identified and utilized as places that promote Indigenous health and wellness. Circling back to the current context of the COVID-19 pandemic, and the emphasis on spatial re-organization and the health benefits of re-creating place, the pandemic may be an opportune time to consider environmental repossession as a goal. The opportunity to mitigate harms associated with physical proximity to one another and the transmission of disease is one variable that has life saving potential; however, rethinking these spatial strategies to encompass the values described within environmental repossession may offer longer-term benefits that go beyond harm reduction, and seek to build on a wellness plain.

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