**Down, Pamela J. (2021). Collective Care: Indigenous Motherhood, Family, and HIV/AIDS.
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Pamela J. Downe's book, "Collective Care: Indigenous Motherhood, Family, and HIV/AIDS," explores the real-world issues and experiences of Indigenous mothers and their families living with HIV/AIDS in Saskatoon, Saskatchewan. Through the use of both formal and informal interviews with ethnography participants as well as extensive examination of research pertaining to the topics discussed, Downe paints an emotionally connective picture of the lives of individuals living within a considerably marginalized community in a way that is both respectful and exposing. Although the observations gathered from her immersive fieldwork were from an objectively small sample size (forty participants with only a handful of names mentioned in the text), the book presents a well-rounded look at the personal struggles and resilience of Indigenous mothers, fathers, and caregivers, as they navigate through a rigid system built on colonial and ethnocentric ideals of family and child-rearing. Throughout the text, Downe reveals the effect that these systematic injustices have on the way Indigenous families operate while also undergoing the harsh reality that is the growing HIV/AIDS epidemic. In order to fully understand this complex topic and its relationship to motherhood, the book examines participant experiences under multiple

lenses, both historical and familial, and connects them with themes of Indigenous reliance and adherence to traditional ways of living.

Downe prefaces her ethnographical findings by examining the historical and social context of Indigenous people within Canada and ties this topic to the growing issue of HIV/AIDS. She asserts that “the disproportionate rates of HIV/AIDS among Indigenous Peoples in Canada have their roots in the country’s colonial history and state-sanctioned displacement, violence, and genocide” (p. 4). Rather than viewing the alarming rise in infections across Saskatchewan as a demographically equal phenomenon and shying away from difficult discussions, Downe dives deeper into the inequalities that have made this primarily an Indigenous issue. She explores the many instances throughout Canadian history that saw Indigenous people purposefully starved of their culture and explains how generations of discrimination and trauma have created patterns of “structural violence: the chronic and systemic disadvantages faced by those who live in impoverished and oppressive context” thus making Indigenous communities particularly susceptible to HIV/AIDS and other health issues associated with avoidant coping strategies (p. 9). Rather than reinforcing stereotypical ideas surrounding Indigenous health and social issues, Downe makes a conscious effort to give context to the problem in a way that does not place discriminatory blame on those affected.

The historical perspective on Indigenous peoples’ treatment by the Canadian government has led to an increased focus on how the separation of families in the past has affected families today. Downe notes that for Indigenous individuals, especially those facing HIV/AIDS, families are “sites of strength and struggle” (p. 23). Finding and maintaining steady, safe employment is

often difficult for Indigenous people, which contributes to an increase in stress and health issues. This matter is particularly concerning for Indigenous women as “across Canada [they] have higher rates of chronic disorders...are less likely than non-Indigenous women to have a regular doctor...[and] have more unmet health needs” (Arriaga as cited in Downe, 2021, p. 24). Additional stress is added when children are involved as many HIV/AIDS Indigenous mothers and families live with the seemingly constant threat of child apprehension from social service workers (p. 25). A significant component of this fear is the cultural differences between Indigenous child-rearing practices and family structure and the Western ideals that guide policymaking and govern social services. Kinship and collective mothering are “the cultural touchstone[s] for Indigenous mothers and their families living with, and affected by, HIV/AIDS,” however, despite the effectiveness of this method of care, it is often deemed inadequate by those in the dominant culture (pp. viii, 40). Downe argues that “any model of motherhood that does not account for the collaborative context of childcare undermines [mother’s] efforts to care for their families and themselves” (pp. 39-41). This view of family relationships and motherhood has also led to unnecessary family intervention and the continuation of “state-sponsored scrutiny and surveillance of Indigenous women” (p. 55). Despite the strides made in recent years to better understand Indigenous peoples and erase the damage caused by corrupt policy, a Eurocentric bias still persists.

In addition, Downe also discusses the unique contributions of fathers within this social sphere. It was found that their roles differed a fair bit from mothers, particularly when it comes to keeping them safe from stigma. Downe also found that “fatherhood proved to be an important incentive for the men [of the study] to stay connected with family and to care for the mothers of

their children,” thus aiding in their own HIV/AIDS treatments (p. 67). The combination of mother-father partnerships also played a significant contribution to the outward appearance of Indigenous families in an effort to “conform to a nuclear family structure” when interacting with service workers, even if keeping up the facade became difficult (p. 76). Despite intentions to break stigma and incorporate traditional means of care, protecting one’s family often requires individuals to cater to Western standards.

The subject of HIV/AIDS in relation to motherhood and family is unsurprisingly linked with tremendous loss. Downe discusses this topic by first considering the cultural side of emotion and additionally pairing it with what she describes as the “three dimensions of loss - deprivation, deficiency, and privation” (p. 84). Emotion, according to Downe, is a heavily debated topic in terms of its universality, which is further complicated with the addition of HIV as a factor (pp. 85-86). Despite this seemingly controversial verdict, emotional demeanour is still used as a tool to pass judgement from one culture to another. One occurrence that the research explored involved service workers criticizing the emotions of participants. Downe suggests that this discrepancy is due to colonization and its legacy of Eurocentric ideals and racism against Indigenous peoples (p. 88).

Furthermore, Downe explores grief as it connects to the above-mentioned dimensions of loss. Deprivation is often felt by those who have had their children apprehended, along with anger and fear (p. 91). Downe suggests that this anger stems from the fact that, despite families clearly loving their children, the social service system is based on Eurocentric views of care, which “creates a significant and structural disadvantage for mothers who are already disadvantaged by

the HIV syndemic” (p. 92). Feelings of deficiency often follow as mothers recognize that they are being viewed as inadequate by the dominant culture, which in turn may affect their treatment and health (pp. 94, 97). Finally, privation occurs when the loss of a child becomes too great that the mother feels as though a part of themselves is gone as well (pp. 98-99). These powerful observations of participants reveal the defective and counterproductive ways in which marginalized communities are responded to.

Downe concludes by exploring the connections HIV/AIDS affected individuals foster between love and home and the resilience that exists in stigmatized populations. Although issues such as violence are markedly higher for Indigenous individuals, participants expressed great love and pride in their homes and communities (pp. 123-124). In her final section, Downe discusses the advances that have come from recognizing the structural disadvantages experienced by mothers and families affected by HIV/AIDS in Saskatoon. Her note, “there is still much more work to do, but these steps forward are important because they are guided by the strengths, needs, and cultural priorities of many of the same people who contributed to this research” (p. 127) ties together the importance of change through collaborative work and respect for the capabilities of marginalized groups.

Throughout the book, Downe includes the experiences of participants in an effort to encourage readers to see through a perspective that many of us often do not consider. This strategy creates an air of sympathy and urgency for a change to the system that we have become complacent with. The addition of the photovoice component furthers this emotional drive to explore this issue. Stories from participants are then expertly connected to research from other authors creating the

perfect combination of academic legitimacy and emotional interest from the reader.

Despite being written from the perspective of an anthropologist, Downe's book contains detailed information that any social service provider, community worker, health care professional, sociologist, psychologist, and policy maker would find valuable. Her analysis of the intervention provided to Indigenous people with HIV/AIDS showcases the clear-cut deficiencies in the way that mainstream health and social services treat these communities. However, her research does not explore this issue from the perspectives of those administering care nor those who create the policies that guides them. This one-way approach left me questioning whether service providers and policy makers are aware of their contributions to the issue and what is being done to combat this problem. Regardless of her approach to the situation, this book contains extremely valuable insight into a very underdiscussed issue, one that any Canadian, especially those working with Indigenous populations, should read.