**Downe, Pamela. (2021). Collective Care: Indigenous Motherhood, Family, and HIV/AIDS.
Toronto: University of Toronto Press.**

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Pamela Downe's book, "Collective Care: Indigenous Motherhood, Family, and HIV/AIDS" captures an ethnographic exposition of Indigenous life and caregiving practices while facing Saskatchewan's HIV epidemic. In the book, Downe explores a five-year study that was conducted pertaining to those Indigenous individuals who came to the AIDS Saskatoon drop-in centre. There were thirty women and twenty-three men who participated, all of who told their stories in-depth about their life, their children, and their struggles with addiction. Everyone who participated in the research was either a biological parent or had taken on the role of a parent, but those PWAS (people who access services) in "the 601" (the AIDS Saskatoon drop-in) all considered themselves connected to other PWAS users. To emphasize the participants and the struggles the participants have encountered, Downe captures the caregiving practices of the participants, the contrast between Indigenous values of collective kin-care and non-Indigenous models of intensive maternal care, and attempts to humanize those affected with HIV/AIDS in Western Canada.

Downe dedicates the beginning of each chapter to an in-depth interview with one or more participants and their personal experiences. The interviews provide countless independent per-

spectives on the family lives of Indigenous peoples of Treaties five, six, eight, and ten which included those from Cree, Dene, and Métis Territories. ‘Kikosewin’ (p. 50) is a Cree term for being with family. Isabel (one of the participants) explained what this means: “when you got your people all around. All the people who are your family, your blood and people who are so close to you that they’re like blood. It’s a feeling and it’s a job and it’s a home. It’s the people who walk with you and who take care of each other” (p. 50). This sense of collectivism is critically important to Indigenous ways of life where everyone pitches in and helps in whatever way they can. It could be argued by some, that children who grow up in collective care learn and experience more because they are presented with many different perspectives. Collective mothering is common among the Indigenous community. However, regardless of personal struggles often women who have HIV and addiction struggles are seen as unfit by western society who value only intensive mothering as proper care for children. To help demonstrate the importance of family, the book displayed many pictures that the participants had taken that had a special meaning to them. All of these pictures in the book were of places or things that reminded them of places that “often encompass kin networks and community belonging” (p. 115). Downe describes how “photovoice is a methodology that privileges the image-based dimension of narrative, letting participants visually represent aspects of their lives through photography” (p. 114). Interestingly, the photos in the book did not display the pictures of people that the participants took, but rather places and things that represented maternal love and care.

Because an individualistic model of mothering is viewed as the norm in modern western society, Indigenous mothers are often stigmatized in being part of a collective mothership, despite it being common in the Indigenous community. This is especially true if they are diagnosed with

HIV and/or struggle with addiction, they are seen as unfit mothers outside of their community. Downe demonstrates how many of the participants had children taken away from them despite the availability of collective mothering because intensive mothering is seen as the only fit choice. Terms such as “delicate” and “helpless” (p. 42) are used to describe children taken away from their collective care by the media in order to gain sympathy from their audience. The values of collective kin-care are not understood to most and the Indigenous communities have suffered the consequences. All of the research participants mentioned residential schools and the sixties scoop during interviews when talking about their fear and distrust in service providers/authorities. They believe that, “HIV is now the new “witch hunt” that allows government agencies to extend the legacy of apprehending Indigenous children because of the misrepresentations of the collective ethos of Indigenous motherhood” (p. 56). This kind of interaction with authority has potential to harm or worsen health conditions and is known as ‘syndemic’.

Syndemic theory was presented by medical anthropologist Merrill Singer in 2009, and it “provides a framework for identifying and analyzing overlapping health and social conditions” (p. 9). In many instances throughout the book, Downe attempts to humanize those who have been affected with HIV/AIDS in Western Canada. Indigenous mothers who have HIV are stigmatized and can be the subject of harsh criticism and marginalization. Motherhood is culturally associated with responsibility, whereas HIV and AIDS are associated with irresponsibility. Downe makes it known that these Indigenous individuals are also humans who are deserving and capable of love, as “AIDS Saskatoon mothers are often accused of not loving their children” (p. 108). Downe also effortlessly makes use of every chapter to demonstrate how much the participants care for their children, whether they are biological or not. Although many people still use drugs to cope with the

pain against HIV treatments, Western society sees this as an opportunity to judge them for being a poor parent. The HIV pandemic is yet another aspect that the Indigenous community is stigmatized for, often ignoring that the patients who are parents are only trying to make a good life for their children.

An abundant number of references, photographs and personal narratives are threaded throughout the book regarding collective care being a “cultural touchstone” for Indigenous families. It also addresses the syndemic theory centered around HIV and AIDS. Downe’s book employed an ethnographic approach to retouch on the issue of the HIV pandemic in Saskatchewan, how caregiving is culturally diverse, and how love and loss is central to the experiences of parenthood in the Indigenized context. Downe notices the multiple ways in which HIV individuals are subject to intense scrutiny and how it affects their livelihood.

Downe’s intended audience is, as she describes them are, “medical anthropologists and public health scientists [who] are often called on to speak publicly about global health wars and victories”. Those who are involved in the medical field in any way will benefit from the book, as well as sociologists, psychologists, anyone involved in gender/sexuality studies, and educators. I believe this book would also serve university students as a reference or teaching moment focusing on any issues related to health, Indigenous aspects and the relation to syndemic theory.

This book serves as an excellent demonstration of how the mothers and fathers in the Indigenous community are affected by the HIV pandemic in Saskatchewan. They face many challenges and this stigma behind the HIV pandemic is only one of the many issues, COVID-19 has given rise to one more issue to tackle. I found it interesting in reading about how health and

social issues overlap (syndemic theory), which remains true to many communities around the world including those who are Indigenous. The syndemic theory highlights how certain individuals are marginalized despite having similar health conditions as others in society. I also felt that the book was insightful about various aspects regarding the collective care model, however I do wish that the last chapter was longer and had more information on the closure and relocation of the drop-in centre in Saskatoon. This book was an interesting read and I would recommend it to anybody wanting to learn more about the syndemic theory, and the stigma of HIV and AIDS in regard to Indigenous motherhood.