
Reviewed by: Nicole Holmes, MacEwan University

The intergenerational and sustained trauma of Indigenous people in Canada is more visible than ever. Most recently, stories of mass burial sites found at former residential schools have been in the media. The trauma placed on the shoulders of Indigenous people in Canada seems never-ending. It is important to highlight the resilience of this collective community, one that includes many distinct cultures. This resilience exists despite what the colonial effort has done, and continues to do, to Indigenous people. In her book, “Collective Care: Indigenous Motherhood, Family, and HIV/AIDS,” Dr. Pamela J. Downe’s central argument is that, while a collective model of care is the norm for Indigenous mothers affected by HIV/AIDS, it goes against the prevailing Euro-centric attitudes that favour individualistic models of motherhood.

Dr. Downe is a medical anthropologist and professor in the University of Saskatchewan’s Department of Archaeology and Anthropology. Her book “Collective Care” provides an ethnographic field study of a mostly-Indigenous community affected by HIV/AIDS in Saskatoon. The work in this research began with questions related to mothering while being affected by HIV/AIDS. Downe logically structures her book in a way that starts narrow, focusing on motherhood. The scope broadens to include families and fatherhood, adding to the book’s complexity. Notably, Downe’s book reveals the syndemic nature of the HIV/AIDS epidemic in
the Canadian prairies, the importance of kinship in Indigenous people’s lives, and the fundamental divergence in understanding as it relates to Indigenous people and those in power positions.

Dr. Downe employs ethnographic techniques, such as informal and formal interviews, participant observation, and photovoice, to conduct her research. As Downe shares, this methodology is “driven more by the participants than the researcher,” resulting in complex and authentic data (p. 15). In addition to these methods, Downe frames her work using syndemic theory and intersectional analysis. Syndemic theory allows researchers to connect health and social issues (p. 9). Similarly, intersectional analysis allows for the significance of overlapping factors to become apparent. Downe links HIV/AIDS, Hepatitis C, addiction, and injection drug use in her research, and argues: “social and economic disadvantages are exacerbated when racism, sexism . . . and other harmful social forces overlap” (p. 32). Finally, to support her research, Downe conducts secondary data analysis. Investigating in this way results in a balanced and detailed study.

Dr. Downe’s “Collective Care” draws attention to the unique and difficult challenges faced by the mothers who participated in this research. Attempting to mother while affected by HIV/AIDS is complicated; the treatments, financial insecurities, and harsh societal judgement add to the already difficult job of mothering. Indigenous women facing this kind of adversity understand the importance of a “Mom Team,” or what Downe refers to as a model of collective care (p. 22). Downe identifies the main theme of this work: “[c]ollective care is a necessary form of mothering for women living with or otherwise affected by HIV/AIDS” (pp. 22 - 23). Rather than being a deviant model of mothering, the participants continually insist that their children are safe and well-loved. Despite this assertion, the threat of having children removed from their homes is felt heavily throughout Downe’s book.
The North American standard for contemporary mothering, which Downe refers to as “a highly individualized focus,” is at odds with collective care (p. 42). As any mother can affirm, the job of mothering carries heavy expectations. Downe validates this feeling, pointing out that mothering is often cited as the cause of, and solution to, many societal issues (pp. 109-110). An “intensive mothering” style, the prevailing Euro-centric parenting model, is associated with how much one loves their child. Individualistic mothering is unlike a collaborative style that Downe argues is a “cultural touchstone” for Indigenous mothers (p. 23). While enlisting a “Mom Team” to help take care of their children does not equal neglect, Downe’s book reveals the difficulties Indigenous mothers face in proving their love for their children.

Downe draws attention to the scholarship related to the history of child-raising in our evolutionary past and current lifeways for communities outside North American and European societies. She points out that contemporary Western perspectives of childhood maintain that children are at risk; the risk is vague, however, and often unidentifiable (pp. 41, 111). This relatively new phenomenon is not found within Indigenous collective care. Indigenous families report feeling confused about why social workers do not seem to understand that their children are safe (pp. 112-113). Since service providers, like social workers, are not guided by Indigenous understandings, participants of this research are often misunderstood. Consequently, mistrust and fear develop.

The perception of people who access services at AIDS Saskatoon is that social workers, community care providers, educators, and others see them as a risk to their children (p. 45). Among other syndemic factors, the Indigenous research participants have the stigma of HIV/AIDS, addic-
tion, and the way they take care of their children is collaborative rather than individualistic. Downe’s ethnography demonstrates that social workers and other providers make judgements clouded by the combination of these syndemic conditions and cultural bias. In already stressful interactions where there is a power imbalance to their detriment, Indigenous mothers must attempt to explain why their children are safe so that the children can remain at home. Given the general complexities around communicating cultural differences and the position that their social location places them in, it is no wonder that Indigenous families feel they are “speaking a different language” (p. 113).

Downe contends that “any model of motherhood that does not account for the collaborative context of child care undermines their efforts to care for their families and themselves” (p. 40). By not accounting for the collaborative context, those tasked with protecting children misunderstand and often punish Indigenous families for their cultural differences. Consequently, the fear Indigenous people experience around dealing with social workers and others elicits the instinct to protect themselves and their families. Indigenous mothers and fathers of this study often hide their indigeneity by showing a “nuclear family veneer” (p. 78). In this way, any genuine and deserved assistance they need may not be apparent, and the cycle continues. The treatment of Indigenous families discriminates while rendering the assistance provided to this group ineffectual. Certainly, Downe’s study exposes a need for service approaches to be flexible and guided by the people it serves.

In her chapter titled “Love,” Downe employs a photovoice methodology in which the research participants “visually represent their lives through photography” (p. 114). This method
adds considerably to the depth of the book in that it allows readers to relate visually to the experiences of this community. As Downe notes, “there is a significant cultural distance between those who embrace the individualistic model … and those who are alienated by it” (p. 49). Moreover, Downe’s book reveals that Indigenous mothers have difficulties seeing themselves in materials and resources provided by the programs that they access (p. 48). Representation matters, and the photovoice component empowers Indigenous women and men of AIDS Saskatoon to represent their lives authentically.

Downe realizes her intention to learn about Indigenous mothering in the context of HIV/AIDS in “Collective Care.” The resulting data from her research reveals much about this experience. Like the narrative style in which she conducts her field study, Downe’s prose is intelligible to various forms of readership. While Dr. Downe weaves in a scholarly tone throughout her book, the writing is neither pedantic nor overly complex. The result is an accessible book from which various groups can learn, academia and otherwise. Specifically, undergraduate students of sociology, anthropology, health and community sciences, and professionals in these and other sectors, will find this book illuminating.

Downe’s “Collective Care” is a thoughtfully detailed book about a highly stigmatized community. While it did minimally feature a nurse’s perspective and an anecdote about a previous conversation with a social worker, I was left wondering about the voices of others in power positions. Including a formal interview of a social worker, for example, would add further depth to the research. Otherwise, it is difficult to find fault within the pages.

Pamela J. Downe’s “Collective Care” is scholarly but emotionally impactful. Themes of
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kinship, love, and loss are ever-present in this work. Downe’s book adds an essential dimension to our understanding of the Indigenous experience in Canada. Furthermore, this ethnographic field study dramatically adds to the existing scholarship related to how HIV/AIDS affects the experience of mothering generally, a topic that is not well studied. Dr. Downe’s deep respect for the research participants is evident in her dedication to providing a detailed and accurate account of their experiences.