



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

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Pamela J. Downe’s book, “Collective Care: Indigenous Motherhood, Family, and HIV/AIDS,” explores the realities of Indigenous mothers and fathers living with HIV/AIDS in Saskatoon, Saskatchewan and the impact the condition has on primarily Indigenous individuals, their children, and their families. Downe is an anthropologist who spends eighty hours of field work exploring the personal and structural barriers of twenty-three men and thirty women living with HIV/AIDS at a drop-in center referred to as “The 601” through the use of ethnographic interviewing, spontaneous conversations, and a photovoice project. Downe engages her audience with the use of research to communicate statistics, as well as emotional hardship through personal conversations and experiences of those at the 601. Downe focuses on the marginalization of Indigenous people in Canada as a result of colonization and emphasizes the systemic oppression and judgment that Indigenous people living with HIV/AIDS face throughout the healthcare systems, social systems, and within their own neighborhoods. Throughout the book, Downe describes the resilience that is present within those she connects with at the 601 and the support that exists among the strong community and family connections that have been built there.

As the HIV/AIDS syndemic continues to grow, Downe discusses the fear and hesitation

that exists in regards to social services (such as CFS) and accessing health care. Downe describes how, “miscommunication between healthcare providers and patients results in the marginalization and stigmatization of those already vexed and rendered vulnerable by HIV” (p. 73). One example Downe references is when a woman is questioned by a nurse whether or not she is still receiving treatment and she states that she is. This answer is responded to with frustration and degradation by the nurse due to the fact that the nurse is not specific about which type of treatment she is referring to; the individual is receiving treatment for Hep C and HIV, not her drug addiction (p. 72). Downe explains ways in which the poor treatment from healthcare providers often prevents those living with HIV from seeking necessary treatment, causing symptoms and risk to worsen.

Similarly, Downe describes the unfair treatment that is received from CFS social workers. Members of the 601 often express ways in which they feel their lives and actions are under a microscope, due to the fact that they are living with HIV and that CFS often searches for wrong doings, rather than taking a strengths-based approach. Downe uses the example of a mother who accidentally leaves her television on while no one is home and a neighbor automatically makes the assumption that her child is left home alone unattended, reports it to CFS, prompting an investigation and questioning process about safety with the child's mother when in fact, the child is safely being cared for at her father's home (p. 113). There are countless moments throughout the book that Downe mentions the fact that due to individuals living with HIV/AIDS, they are monitored closely and remain unheard when they attempt to offer any kind of explanation for their actions.

Another area of focus in Downe's book is that of motherhood and maternal love. Through

interviews and conversations, Downe describes the ways in which love, fear, and grief exist simultaneously as a mother living with HIV/AIDS. There are innumerable occasions throughout the book when mothers express the unwavering love they have for their children, despite the judgments and assumptions from others. Downe explains a collective mindset about motherhood throughout the book that entails women of the 601 loving and protecting their children to the best of their ability and shielding them from the ridicule of the outside world. Downe describes that with this love comes fear and grief. Mothers who had their children apprehended by CFS describe the profound grief that they experienced and compare these painful circumstances to, “emotional storms” (p. 90). Downe references the Cree term, “mescinewin” (p. 82) that members explain to her as, “losing your whole family to disease” (p.82). Downe explains the challenges individuals face as a result of living with HIV/AIDS and that due to their diagnosis and addiction struggles, they are further oppressed and supervised by the systems with the assumption that these individuals are incompetent mothers when in reality, they are good parents who express they parent differently than the western, colonial way.

Throughout the many hardships faced by those at the 601, Downe places great emphasis on the importance of a good support system for those living with HIV/AIDS. One prominent area of focus is on kinship, which Downe describes as, “a tightly woven fabric” (p. 27). Throughout the book, Downe recounts the importance of family within Indigenous communities and the ways in which it looks different from the traditional, North American definition of family. Those whom Downe interviews describe how colonialism has disrupted the traditional view of family and that

Indigenous peoples do not only consider blood relatives family but rather, it is anyone who is loved as family, whether they be a niece, nephew, adopted child, grandchild, friend, etc. (pp. 26, 29).

One scenario that Downe describes in the book is when a member of the 601 leaves her child at home, surrounded by other family members such as aunties, uncles, cousins, and friends and CFS makes an unexpected visit, accusing the caregiver of neglecting the child (p.39). This is one of many examples that Downe focuses on to raise awareness about the ways that those living with HIV/AIDS are targeted and the ways in which Indigenous peoples' concept of family differs from the North America way, leading to unwarranted accusations of poor parenting practices. Downe emphasizes that suspicion is raised if individuals do not choose to assimilate and live in the ways that are considered acceptable and appropriate in colonial society.

Downe concludes her book with a conversation between her, a member of the 601, and the members' grandchild. Downe describes that although the rates of HIV/AIDS are rising rapidly in Saskatchewan, there is an abundance of love and hope that remains in the hearts of the members who attend the drop-in center (p. 126). Downe explains that despite the pain and hardship that those at the 601 face, progress has been made with new support systems, a consumption site, and a new location. Downe emphasizes that no matter what changes occur and what barriers are faced, those at the 601 have endless amounts of love for one another and they will continue to find safety and security in each other.

Although Downe is an anthropologist, this book would be useful and provide knowledge for sociologists, health care providers, social workers, social service agencies, educators, policy/law makers, police officers, and anyone else working in a helping profession. Throughout

the book, Downe is intentional about educating readers about the statistics of HIV/AIDS in Saskatchewan, as well as the harsh realities of the physical, mental, and emotional challenges of living with the condition. Downe uses personal experiences to communicate the marginalization and oppression that Indigenous people with HIV face and the negative impacts that it has on every aspect of their lives. Downe engages readers through conversations and interviews with those at the 601, creating connections between the individuals in the book and the reader. Downe does a magnificent job at portraying the experiences of Indigenous people living with HIV/AIDS. By focusing primarily on one culture and community, Downe clearly communicates the severity of racism and oppression on both a macro and micro level. Downes' book is beautifully and carefully articulated and is a valuable book for everyone to experience.