

Reconciliation Strategy and Action Plan



**Manitoba
Dental
Association**

“Oral health impacts total health”



Territorial Acknowledgement

The Manitoba Dental Association acknowledges with humility and respect that we regulate dentists and dental assistants on the traditional and Treaty Territories of the Anishinaabeg, Anishininewuk, Cree, Oji-Cree, Dakota Oyate, and Denesuline and Nehethowuk Nations, and on the National Homeland of the Red River Métis. We also recognize that northern Manitoba includes lands that were and continue to be the ancestral lands of Inuit.

Our office is located on Treaty 1 Territory and the National Homeland of the Red River Métis. We recognize that the practice of dentistry spans the lands of Treaty 1, 2, 3, 4, 5, and Treaty 5 – adhesion and the National Homeland of the Red River Métis. The Manitoba Dental Association recognizes its role in removing barriers to improve health outcomes and creating respectful, culturally safe oral health care across the province.

We honour the knowledge and strength of the First Nations, Inuit, and Métis people who call these lands home, or access oral care in the province. We express our sincere gratitude for the opportunity to listen, learn, and work collaboratively to ensure oral health care, regulation, and service delivery are inclusive, equitable, and uphold the spirit and intent of the Truth and Reconciliation Commission's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples.

We are committed to advancing truth and reconciliation that is accountable and meaningful.

Executive Summary

The Manitoba Dental Association (MDA) is the provincial regulator of dentists and dental assistants and recognizes its responsibility to advance reconciliation and respond to the Truth and Reconciliation Commission's (TRC) Calls to Action.

In 2024, MDA established the Dental Task Force on Truth and Reconciliation (Task Force) to develop a Reconciliation Strategy and Action Plan that supports culturally safe and equitable oral health care for First Nations, Inuit and Métis (FNIM) peoples across Manitoba. The Task Force comprises MDA members, FNIM representatives, Elders, and allied organizations. Guided by the TRC Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples, the Task Force came together over five facilitated sessions. The sessions explored opportunities to shape the future and vision of oral health care grounded in respect, collaboration, accountability, and equity. Reflecting on the task force work, five goals were created.

The goals are:

1.

Enhance cultural safety

2.

Increase equitable access to care

3.

Collaborate with FNIM Nations and communities

4.

Build educational and professional capacity

5.

Advocate for policy change.

Within each goal is a set of measurable actions, such as mandatory cultural safety training, the creation of FNIM oral health advisory circles, targeted recruitment supports, and strategic advocacy to strengthen FNIM representation in health systems.

This plan is intended to be a living document rooted in FNIM knowledge and experience and built through respectful collaboration. MDA commits to transparent implementation, annual process reporting, and a review every three years. Reconciliation is a journey, and this plan is MDA's first step in walking the path with humility, care, and accountability to advance truth-sharing and reconciliation.



Definitions

Co-development – In the context of this plan, co-development refers to the collaboration between First Nation, Inuit, and Métis partners and the Manitoba Dental Association to reach a mutual agreement on policies, programs, and strategies through shared processes.

Cultural safety – In health care systems, cultural safety can only be defined by the person accessing services. Cultural safety is generally categorized as respectful, safe, and meaningful care that prioritizes open and transparent communications and services. In the context of culturally safe care for First Nation, Inuit, and Métis people across Manitoba, it means they can access equitable oral health care that is free from racism, discrimination, and bureaucratic barriers.

Distinctions-based approach – A distinction-based approach involves working independently with First Nations, Inuit, and Métis peoples and intersectional peoples, recognizing their constitutional rights and unique identity attributes. In this case, Intersectional refers to how unique aspects of a person's identity intersect.¹

First Nations – This term references a single identity of people that can account for their ancestral lineage to the First Peoples in Canada. It includes Status and Non-Status First Nations peoples as defined under the *Indian Act*.²

Indigenous – This term refers to First Nations, Inuit, and Métis peoples. These distinct groups are the original peoples of the territories and lands of what is now known as Canada.

Indian Act – The *Indian Act* is a federal law enacted in 1876 that governs registered First Nations, their bands, and the system of Indian Reserves. It is administered by Indigenous Services Canada. The *Indian Act* does not directly reference Non-Status First Nations people, Inuit or Métis. The Act has been amended multiple times.³

Intersectional – The term intersectional is not the same as distinction, but it recognizes how different social aspects of identity (e.g., indigeneity, age, gender, 2SLGBTQIA+, etc.) interact to create unique lived experiences. Recognizing intersectionality ensures that we consider a more diverse perspective of the experiences of a First Nation, Inuit, or Métis person and addresses a person's complex realities across a variety of social aspects.

Inuit – Indigenous people who can account for their ancestral lineage to the Indigenous people of the Arctic are described as Inuit. Inuit means the people in the Inuktitut language.⁴

Manitoba Métis Federation (MMF) – The Manitoba Métis Federation is the National Government of the Red River Métis. The MMF represents the claims, rights, and interests of the Red River Métis.

Red River Métis – The Red River Métis is the Indigenous collective made up of its Citizens and individuals entitled to be Citizens who are located within what is now Manitoba, as well as elsewhere inside and outside of Canada.⁵

¹ Indigenous Services Canada (Government of Canada), Visions for Distinctions-Based Indigenous Health Legislation: Executive Summary, accessed June 23, 2025, <https://www.sac-isc.gc.ca/eng/1667579335081/1667579367781>

² Crown-Indigenous Relations and Northern Affairs Canada (Government of Canada), First Nations, accessed June 23, 2025, <https://www.rcaanc-cirnac.gc.ca/eng/1100100013791/1535470872302>

³ Justice Laws Website (Government of Canada), Indian Act (R.S.C., 1985, c. I-5), accessed June 23, 2025, <https://laws-lois.justice.gc.ca/eng/acts/i-5/>

⁴ Crown-Indigenous Relations and Northern Affairs Canada (Government of Canada), Inuit, accessed June 23, 2025, <https://www.rcaanc-cirnac.gc.ca/eng/1100100014187/1534785248701>

⁵ Manitoba Métis Federation, The National Government of the Red River Métis, accessed June 23, 2025, <https://www.mmf.mb.ca/manitoba-metis-federation-the-national-government-of-the-red-river-metis>



Reconciliation – The term reconciliation refers to rebuilding relationships between Indigenous and non-Indigenous people based on the respectful recognition of rights, culture, and knowledge. Advancing reconciliation relies on trust, respect, open dialogue, and addressing systemic inequities and inequalities.

Trauma-informed practice (TIP) – This term refers to an approach that recognizes and takes actions to safeguard and mitigate the impact of colonial legacies, marginalized histories, and experiences on an individual's physical, emotional, and mental well-being. TIP involves awareness of traumatic experiences, a focus on safety and trustworthiness, and supporting opportunities for choice and collaboration, as well as being strengths-focused. TIP is not the same thing as 'treating' trauma. Working in a trauma-informed way does not require knowing an individual's trauma history; rather, it involves supporting all patients as though they may have experienced trauma to increase positive outcomes in the patient-provider relationship.

Urban Indigenous – This term refers to First Nations, Inuit, and Métis individuals residing and living in urban areas.



Introduction

The Manitoba Dental Association (MDA) is the regulatory body for Dentists and Dental Assistants in the province of Manitoba. In addition to regulating the professions of Dentists and Dental Assistants in the public interest, MDA provides guidance to both the public and registrants to support the delivery of quality oral health care for all Manitobans.

Oral health is part of total health. As regulators of oral health care providers, the MDA Board of Directors (the Board) recognized our responsibility to respond to the Truth and Reconciliation Commission (TRC) Calls to Action and engage in reconciliation. The Board created the Dental Task Force on Truth and Reconciliation (the Task Force) to bring together Indigenous MDA members and other representatives of First Nations, Inuit, and Métis (FNIM) Nations and communities from across Manitoba to develop this Reconciliation Strategy and Action Plan for MDA. Our goal was to create practical, actionable plans to ensure Indigenous people have the same access, quality of care, and high standard of oral health, as well as to provide greater opportunities to participate in our profession.

Engaging in truth and reconciliation is a critical step in improving MDA's relationships with Indigenous communities, lifting industry standards, and recruiting and retaining FNIM oral health care providers. This is our duty not just to our profession, but as Canadians seeking to move our profession forward together.

Starting on this journey, we are guided by the TRC Calls to Action, and the United Nations Declaration on the Rights of Indigenous Peoples. We seek to understand how MDA, as a professional regulator, and our members, as health care providers, can contribute to ensuring that FNIM peoples can exercise their inherent and treaty rights to self-determination, health, and social and economic development.

We understand that reconciliation is a journey, not a destination. The creation of the Task Force and the development of this plan are a first step for MDA. This plan is intended to be a living document. As we move forward with the actions outlined here, we will continue to learn and grow as individuals and as an organization. We will review our progress each year and refresh our action plan in collaboration and partnership with FNIM Nations and communities.

Task Force

The Dental Task Force on Truth and Reconciliation was created to understand how the TRC Calls to Action relate to oral health professionals and engage First Nations, Inuit, and Métis (FNIM) rightsholders and interest holders in developing an action plan for truth and reconciliation.

In assembling the Task Force, MDA sought to involve their members, particularly those who are First Nations, Métis or Inuit, as well as representatives from FNIM governments, political and community organizations, and the Manitoba Dental Hygiene Association. Members of the MDA Board and executive reached out to their network to recruit a Chair for the Task Force and form an initial group to guide further recruitment. MDA put out a call for volunteers to their members and received 26 volunteers. These individuals were asked to complete a brief application form, and MDA received 17 completed applications. From these applications, the group identified five candidates to interview and selected three to serve on the Task Force.

The Task Force included individuals from the following organizations:

- Manitoba Dental Association
- Aboriginal Council of Winnipeg
- Indigenous Dental Association of Canada
- Manitoba Dental Assistants Association
- Manitoba Dental Hygienists Association
- Manitoba Keewatinowi Okimakanak
- Manitoba Métis Federation
- Southern Chiefs' Organization
- Tunngasugit Inuit Resource Centre

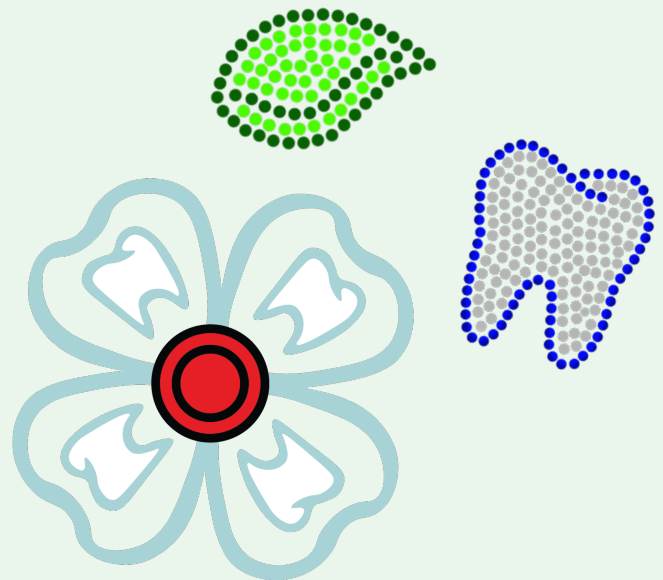
The Task Force was also supported by two Elders.

We thank all Task Force members for the time, energy, and care that they dedicated to this process. We are grateful to the Task Force members for sharing their professional and personal knowledge and lived experience. We acknowledge that the knowledge, experience, and perspectives they shared are individual and can not represent the diversity of knowledge, experience, and perspectives of Manitoba's FNIM Nations and communities.

Dr. Alan Grant, Task Force Chair

Dr. Grant was born in Pinawa to parents of mixed racial heritage, a Scottish/Icelandic father and a disenfranchised Indigenous mother. He spent his early years in the town of Powerview-Pine Falls, relocating to Winnipeg for middle school. It was his lifelong dream to be a doctor, and in 1994 he graduated from the Faculty of Dentistry at the University of Manitoba.

Early in his career, Dr. Grant spent four years working as a relief dentist in several northern communities. He then established a private practice on his great-grandmother's reservation, Sagkeeng First Nation, where he served his community for 17 years. Dr. Grant now practices in Winnipeg.



Vision Statement

The Manitoba Dental Association Task Force on Truth and Reconciliation seeks to foster equitable, culturally safe, and informed delivery of oral health care to build trust and improve access to care for all First Nations, Inuit, and Métis patients.

Guiding Principles

Honouring First Nation, Inuit, and Métis (FNIM) peoples' lived experiences, histories, and rights is essential in advancing truth and reconciliation. The guiding principles reflect the need to address systemic inequities, foster mutual respect, and uphold the commitments outlined in the Truth and Reconciliation Commission's (TRC) Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

The principles will support the Manitoba Dental Association in guiding its work to ensure alignment with the TRC and UNDRIP, as well as fostering better relationships.



Respect

Foster respect for FNIM knowledge, traditions, and healing while ensuring the comfort and dignity of all FNIM patients and oral health professionals and staff.



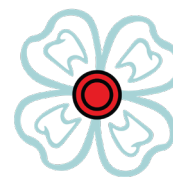
Collaboration

Build meaningful relationships with FNIM Nations, communities, leaders, Elders, Knowledge Keepers, and organizations to identify and build solutions to address systemic barriers, access, and oral health initiatives.



Accountability

Develop a framework to guide oral care delivery across Manitoba to respect and honour FNIM truth-sharing and advance reconciliation.



Equity and Access

Identify and advocate for equitable access to preventive and comprehensive oral care for all FNIM Nations and communities seeking oral health care services in Manitoba.

Methodology

The Task Force met nine times between October 2024 and January 2026 to develop this Reconciliation Strategy and Action Plan. The meetings were facilitated by ChangeMakers, who developed this draft plan based on discussions at each meeting. Meetings were held in a hybrid format to provide opportunities for participation from as many members as possible.

Meeting Date	Purpose	Participants
October 24, 2024	Introductions of Task Force members and facilitators; review of membership, Task Force purpose, Terms of Reference, environmental scan and proposed process	18
November 28, 2024	Discuss values and principles to guide the plan, vision, and goals for the Reconciliation Strategy and Action Plan	12
January 23, 2025	Review and refine draft vision, principles, and goals	17
March 26, 2025	Develop actions to support each goal	12
May 22, 2025	Review and refine draft goals	12
June 13, 2025	Review and refine draft report	14
September 19, 2025	Discovery session with artists	19
November 14, 2025	Review and incorporate input from First Nations, Metis and Inuit governments and organizations; review draft artwork	18
January 9, 2026	Review designed report; discuss next steps and implementation; wrap up of Task Force	20

External Engagement and Feedback

In developing the Reconciliation Strategy and Action Plan, the MDA remained committed to respectful inclusion and meaningful engagement. From June 14 to September 29, 2025, Task force members and Indigenous organizations were invited to provide additional input and feedback on the draft strategy and action plan. Three parties provided written feedback and input on the draft, which was incorporated into the final Reconciliation Strategy and Action Plan.

Task Force Goals and Action Plan

The goals of the Task Force are informed by the health-related Truth and Reconciliation Commission's (TRC) Calls to Action and the Articles of the *United Nations Declaration on the Rights of Indigenous Peoples*. These goals set an actionable, measurable, and culturally safe path to help guide the creation of a Reconciliation Strategy and Action Plan.

Truth and Reconciliation Commission's Calls to Action

- 22: We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
- 23: We call upon all levels of government to:
- i. Increase the number of Aboriginal professionals working in the health-care field.
 - ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
 - iii. Provide cultural competency training for all healthcare professionals.
- 24: We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

United Nations Declaration on the Rights of Indigenous Peoples

Article 21

Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24

Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Action Plan

The Manitoba Dental Association (MDA) recognizes its responsibility to advance reconciliation and work in respectful partnership with First Nations, Inuit, and Métis (FNIM) peoples to build a more equitable oral health system.

The action plan outlines five goals with actions to support culturally safe care, expand access in rural and remote areas, build relationships with communities, strengthen education, and advocate for policy changes. Guided by Indigenous voices, knowledge, and leadership, this plan is a commitment to ongoing relationship building, accountability, and change. Working collaboratively, MDA will continue to explore ways to take action to ensure that oral health care in Manitoba is inclusive, responsive, and grounded in respect for FNIM cultures and inherent rights.

Goal 1: Enhance Cultural Safety

Support oral health practitioners and MDA in delivering oral health care that is inclusive and welcoming and honours and respects FNIM cultures, traditions, and healing practices. Ensure practice guidelines recognize that cultural safety is defined by FNIM patients accessing care.

Actions:

1. Establish Mandatory Cultural Safety Training

- Require all practicing oral health care providers to complete accredited FNIM cultural safety and trauma-informed practice training.
- Engage with FNIM Oral Health Advisory Circle to review training materials to ensure cultural and historical relevance and accurate representation.

2. Co-Create Practice Guidelines

- Engage with FNIM Oral Health Advisory Circle to co-develop and implement practice guidelines that embed cultural safety principles, including language and land acknowledgements.
- Encourage and support clinics to adopt culturally welcoming environments, including signage, informational handouts, and other strategies that will be provided by the MDA.

3. Support Ongoing Professional Development

- Offer regular workshops and continuing education sessions guided by the FNIM Oral Health Advisory Circle focused on Indigenous health, oral history, and communication practice.
- Encourage oral health care professionals to build community trust and relationships by engaging in community events, celebrations, and ceremonies, when possible.

Measurable Outcomes:

- Percentage of professionals who complete cultural safety training.
- Number of clinics adopting new cultural safety guidelines.
- Level of satisfaction of FNIM patients through distinctions-based post-treatment surveys.

Goal 2: Increase Equitable Access to Care

Address systemic barriers and expand access to preventive and comprehensive services for all FNIM Nations and communities seeking oral health care in Manitoba.

Actions:

4. Explore Oral Health Delivery Models

- Advocate and explore oral health delivery models in Manitoba.
- Engage with FNIM Oral Health Advisory Circle to identify pathways for other oral health delivery to support rural, urban, and remote FNIM Nations and communities.

5. Improve Informed Oral Health Care

- Co-develop educational materials to inform care providers and patients about their rights, care options, and how to navigate the Non-Insured Health Benefits for First Nations and Inuit systems and other oral health care systems.
- Work with the FNIM Oral Health Advisory Circle to develop resources, where possible, in multiple languages to reduce barriers.
- MDA to co-develop communications about alternative options available to support FNIM patients and stop the spread of misinformation related to NIHB eligibility and access.
- Explore the opportunity to create a role for FNIM oral health care navigators to help patients access care and inform providers of systemic barriers.

6. Create Mentorship and Remote Supervision Opportunities

- Explore opportunities to support oral health care providers and early-career professionals in rural, remote, urban, and Red River Métis communities through virtual supervision and peer learning.
- Explore potential partnership opportunities between the MDA and educational institutions to co-develop mentorship and remote supervision opportunities.

7. Improve Workforce Representation

- Work with post-secondary institutions and FNIM education coordinators to promote oral health care career pathways to FNIM youth.

Measurable Outcomes:

- Number of rural/remote/underserved urban Indigenous communities served by oral health care or MDA-supported providers.
- Number of mentorships with rural and remote oral health care providers.
- Number of FNIM students enrolled in oral health care programs.
- Progress on FNIM oral health care navigator opportunity.
- Ease of access for FNIM patients measured through distinctions-based post-treatment surveys.

Goal 3: Collaborate with FNIM Nations and Communities to Identify and Co-Create Solutions

Build trust and lasting relationships with FNIM Nations, communities, leaders, Elders, Knowledge Keepers, and organizations to identify and co-create culturally relevant oral health initiatives that address community needs and social determinants of health, including barriers to care, access to safe drinking water, food insecurity, housing, and education.

Actions:

8. Establish an FNIM Oral Health Advisory Circle

- Establish a standing advisory group of FNIM Nations and community representatives, Elders, youth, and oral health professionals to continue to guide and support MDA in working with FNIM Nations and communities.

9. Co-Develop Oral Health Care Models

- Develop relationships with FNIM Nations and communities to co-design care models and foster engagement processes grounded in trust, community knowledge, culturally safe practices, and an understanding of social determinants of health.

Measurable Outcomes:

- Establishment and activities of the advisory circle.
- Inclusion of Nation and community feedback in processes and practice guidelines.

Goal 4: Build Educational and Professional Capacity

Ensure that all MDA registrants and students in the oral health field in Manitoba are educated about FNIM histories and the impacts of colonialism, and build community capacity to support and promote sustainable oral health outcomes.

Actions:

10. Work to Create Dedicated Recruitment Support

- Work with oral health care programs to establish equitable opportunities, scholarships, mentorships, and peer support to retain FNIM learners.
- Work with oral health care programs to increase dedicated seats for FNIM students.

11. Improve Cultural Competency

- Work with FNIM Nations and communities to advocate for oral health care programs to establish mandatory courses on FNIM histories and the impact of colonialism.

Measurable Outcomes:

- Establishment of scholarships.
- Number of mentorships and scholarships provided.
- Graduation and retention rates of FNIM oral health care students.
- Number of oral health care programs with mandatory FNIM history courses.

Goal 5: Advocate for Policy Changes Supporting FNIM Oral Health

Work with governments and organizations to strengthen policies and programs that improve FNIM communities' access to sustainable oral health care and services that are critical components of overall health and wellness.

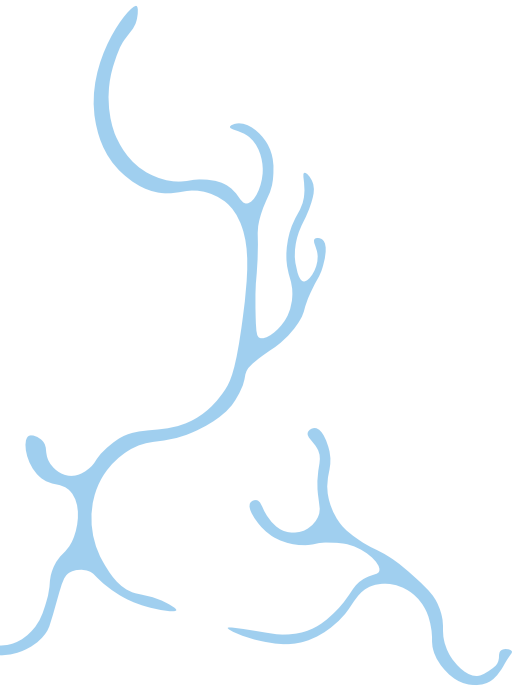
Actions:

12. Develop a Strategic Advocacy Plan

- Build strategic alliances with physicians, nurses, and FNIM health advocates to promote the integration of oral health into overall health care planning, including access to clean, safe and reliable drinking water.
- Advocate and support FNIM representation on regulatory boards, dental associations, and provincial health committees.

Measurable Outcomes:

- Number of meetings MDA attends with other health care personnel in Manitoba.
- Number of FNIM representatives on boards and health-related committees across Manitoba.





Accountability

Achieving meaningful progress on the goals outlined in the action plan requires ongoing accountability and transparency, and a commitment to continuous learning and improvement. Reconciliation is not achieved overnight and will evolve as the Manitoba Dental Association (MDA) continues to learn and build respectful relationships with First Nations, Inuit, and Métis (FNIM) Nations and communities.

The action plan is guided by the intent to build trust and relationships and will remain guided by and accountable to FNIM Nations and communities. MDA will regularly monitor implementation progress, track measurable outcomes, and provide transparent reporting mechanisms. Reporting will include:

Annual awareness survey:

An annual survey which utilizes a distinctions-based approach will gather insights from the public and MDA members to assess awareness of the MDA Reconciliation Strategy and Action Plan. MDA will develop the survey with guidance from the FNIM Oral Health Advisory Circle. The survey will measure ongoing communications with members, the public, and government; progress on the actions in this plan; and the culture of reconciliation among MDA members. Results from the survey will help improve communications and be shared in the annual progress report. MDA will work with FNIM Nations and communities to identify opportunities and gaps and meaningfully address distinct Nation and community needs by sharing non-confidential data collected about the FNIM groups.

Annual progress report:

A public report will demonstrate the progress of the action plan and targets. MDA will work with the FNIM Oral Health Advisory Circle to review the progress report before publication.

Three-year review:

A public report will incorporate a review of community feedback and data to help evaluate what is working and where improvements are needed, and address new commitments or actions to continue advancing reconciliation. MDA will work with the FNIM Oral Health Advisory Circle to review this report before publication.



About the Artwork

Artists' statement on creation of artwork representing Manitoba Dental Association's Reconciliation Action Plan: Oral Health is Total Health

This piece is anchored in a palette chosen with intention and respect. The blues emerge from the gradient of the Manitoba Dental Association logo, grounding the work in its origin point. At the centre, the orange flower honours the Every Child Matters movement, while the surrounding four flowers carry the black, white, red, and yellow of the medicine wheel which are symbols of balance, direction, and interconnectedness. The red also speaks to the ongoing call for justice within the missing and murdered Indigenous women, girls, and two-spirit (MMIWG2S) people movement.

The feather pays tribute to many First Nations teachings, where it signifies respect, attentive listening, and the honour of speaking within sharing circles. The flowing water lines represent life and the ties that bind all nations. A closer look at the flowers reveals that every petal carries the form of a tooth, reinforcing the connection between culture, care, and health.

The fiddle, a beloved emblem of Métis culture, is a symbol of the mouth. It is alive, expressive, and ready to celebrate. The bow and strings represent the tools of the toothbrush and floss which help keep our mouths healthy, drawing a connection between care,

culture, and voice. Wrapped around these pieces is the Métis sash, a familiar symbol of protection, identity, and unity. The beaded teeth and leaves reflect Métis traditions of storytelling and craftsmanship using floral imagery, offering gestures of truth and reconciliation with the dental community. The leaf also symbolizes growth, life, hope, and the shared future we are shaping together. Woven as a whole, these elements express the evolving relationship between the Métis and the oral-health community, built on understanding and mutual respect.

At the base of the circle stands the Inuksuk formed entirely from different teeth. Within the molar at its core, there is a subtle silhouette of a polar bear which is an animal of deep significance in both Manitoba and Inuit communities, symbolizing strength, resilience, and connection to the northern land and waters. The roots within the teeth draw inspiration from caribou antlers, while the spruce-twig tunniit (tattoos) pay homage to the Labrador flag and Inuit traditions.

Together, these motifs honour the distinct First Nations, Métis Peoples and Inuit of Manitoba while illustrating their interconnectedness. The design affirms a shared understanding: that oral health is inseparable from total health, and that the path forward is one we walk together with respect, listening, and cultural humility.

About the artists

Storm Angecone

Storm Angecone is an Ojibwe artist, proud member of Lac Seul First Nation, Treaty Three Territory, born and raised in Winnipeg, Manitoba. Currently based in Red Lake, Ontario.

Many of her works include animals and birds as representations of herself or those close to her. Storm continues to practice her art through painting, digital art, and practicing beadwork.

JD Hawk

JD Hawk is a renowned Red River Métis artist whose oil paintings are featured in museums, historical sites, and government collections. His work reflects a deep devotion to Métis culture and heritage, capturing the spirit, resilience, and stories of his people with vivid color and heartfelt authenticity.

Kale Sheppard

Kale Sheppard is a multidisciplinary visual artist based in Winnipeg, Manitoba, with roots in Nunatsiavut. Using art as a means to reconnect to their culture while living in the south, their practice is constantly evolving and expanding into new media.







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