1st Quarter 2010

Newsletter of the Louisiana Academy of General Dentistry

The Pelican's Perch

The President's Message

Last year was an extremely busy year for the LAGD. Besides paying close attention to legislative matters affecting dentistry, we have spent many hours in preparation for the 2010 Annual Meeting of the Academy of General Dentistry to be held in New Orleans July 6 through 11. To kick things off for the meeting, the Local Arrangements Committee comprised of John Portwood, Tony Guilbeau, Scott Kogler and myself staged a "Welcome to New Orleans" Mardi Gras parade at the Annual Meeting in Baltimore last summer. Dressed in authentic costumes loaned to us by Philip Fricano, head of Krewe of King Arthur in New Orleans, and armed with beads and throws, our region led the Baltimore attendees through the registration area down to the exhibit hall where Clothilde and Boudreaux staged a skit to invite parade goers to New Orleans. Thanks go to John Portwood and Executive Director Brenda Descant for their acting skills and "guts." The 2010 Meeting is shaping up to be one of first-class continuing education courses with internationally known educators. LSU School of Dentistry is partnering with the AGD for the first time ever to host an array of participation and lecture courses (some involving live patients) to be held at the dental school on Thursday, July 8. We will be actively seeking volunteers to assist as course monitors and traffic directors for that day and for the rest of the meeting which will be held at the Convention Center in New Orleans. Please contact me if you are available to volunteer anytime during any of the meeting.

Continued on page 2

EXTRORDINARY SUCCESS in 2010

The Relevancy of Clinical Excellence, Leadership and Balance

This CE course will be presented by Steven L. Rasner, DMD, MAGD **MAY 7, 2010** in Baton Rouge, La. at the Marriott Hotel.

For registration information call Brenda Descant, LAGD Executive Director at 1-800-277-8356

President's Message continued . . .

In addition to a full day of courses on July 8, the AGD Foundation will sponsor an Outreach Program at the school on the same day. Plans are in the beginning stages, but it is our hope, with the assistance of volunteer dentists, to stage a day of dental treatment for the underprivileged.

The 2010 meeting will be unique in that the House of Delegates activities will be staged before the Scientific Session but will in fact overlap the Thursday courses. The intention is to give delegates time to attend courses and to spend more time in the exhibit hall.

And finally, the meeting would not be complete without a Premier Celebration to honor the Fellow and Master awardees. Brian Kern has put together a fantastic evening of dinner, music, dancing and activities for the whole family. The event will take place at the new Mardi Gras World on the River Front close to the convention center.

PLEASE put this meeting on your summer schedule. Take advantage of amazing continuing education courses and spend some time discovering the charm of the City of New Orleans.

Finally, as we are in the early part of a new year, we wish all of you and your families the best in health and happiness. We appreciate your membership in our organization and encourage you to invite your colleagues who are not members to join. The AGD is the only organization exclusively dedicated to representing the interests of general dentists. Please visit AGD.org to learn of the many benefits associated with membership. And, keep up with the LAGD by visiting LAGD.org to learn of future activities and continuing education opportunities.

Kay Jordan

New Orleans 2010
Academy of General Dentistry
Annual Meeting & Exhibits

Savor the Flavors in New Orleans

Discover the industry's best opportunity for learning—the Academy of General Dentistry's (AGD) Annual Meeting & Exhibits. It is the premiere dental event of the year, offering general dentists and their team access to top-notch quality continuing education, new products, exciting social events, and an unforgettable convocation ceremony. Prepare for incredible educational opportunities and good old southern fun at the AGD 2010 Annual Meeting & Exhibits in New Orleans, July 6 to 11, 2010.

Feed your passion to learn by relishing the AGD's new menu of continuing education (CE) concoctions. The 2010 Annual Meeting & Exhibits will offer special courses at the Louisiana State University School of Dentistry, which has been the educational sanctum of more than 75 percent of Louisiana dental professionals.

Continuing its tradition of offering high-quality education, the AGD will feature seasoned speakers from various parts of the country, such as David Hornbrook, DDS, FAACD, and Terry T. Tanaka, DDS. The AGD also will debut its new four-day implantology educational track that will focus on diagnostic, restorative, and surgical coursework. In addition to the new implantology track, the AGD also will offer new, live-patient didactics by renowned dentists in the industry and a new extensive legislative skill-building session.

After indulging in the AGD's daily educational offerings, treat yourself—and your family—to exciting attractions at night, beginning with the people, culture, and cuisine of New Orleans. Best known for its spicy Cajun and Creole dishes, New Orleans' fanciful fares also blends French, Italian, Spanish, African, and Indian influences into its recipes. In fact, attendees will be tempted by more than 1,000 New Orleans restaurants each and every time they search for a place to dine.

Once mealtime is done, visitors can revel in the rhythms of New Orleans. Authentic New Orleans music and musicians invigorate the city 24 hours a day, seven days a week. As the birthplace of jazz, the city is synonymous with music and musicians of all traditions. From Soul to Jazz to Blues to Rock, New Orleans offers musical entertainment for everyone.

During the day, attendees and their families can continue to enjoy the rich culture of New Orleans. A stroll down the Riverwalk Marketplace offers casual shopping and beautiful views. The antique galleries along Royal Street entice collectors with special treats and treasures. Visitors can embark on a historic adventure through Cypress swamps to Oak Alley antebellum mansion or to plantations such as the Laura, San Francisco, or Evergreen by taking an Old River Road Plantation Tour. Finally, explore the acclaimed museums such as the Children's Museum, Audubon Insectarium, the National World War II Museum, and many more!

Mark your calendars to reserve your housing for the 2010 AGD Annual Meeting & Exhibits in January and register to savor the flavors of New Orleans in February. For more information, visit the AGD Web site at *www.agd.org/neworleans*.

COURSE MANAGERS AND ROOM MONITORS NEEDED!

The National AGD Meeting will be held in New Orleans July 8-12, 2010. Anyone interested in helping the LAGD as a Course Manager or Room Monitor, contact Dr. Scott Kogler at skogler@eatel.net or (225) 621-2703.

Dr. L. King Scott
Honored for Lifetime Achievement
By the
Academy of General Dentistry

L. King Scott, D.D. S. recently received the Lifelong Learning and Service Recognition Award from the Academy of General Dentistry at its 2009 Annual Meeting in Baltimore, MD. The Lifelong Learning & Service Recognition award was created to recognize the achievements of those who recognize the professional obligation to remain current in their profession and who provide outstanding service to their community and their professional colleagues. Dr. Scott is the first dentist to receive the award in Louisiana, and only the second to receive it in the south central states of Mississippi, Louisiana, Arkansas, Oklahoma, Missouri, and Kansas. So far, only 93 have been earned and granted in the United States.

In order to be eligible, a member of the Academy of General Dentistry must have earned their AGD Masters designation and exhibit a commitment to lifelong learning, be a mentor to associates and new dentists, improve the quality of continuing education, and be a voice for the general dentist. Dr. Scott has been a Master since 2004. He is also a Fellow in the Academy of Sports Dentistry, and the American Academy of Cosmetic Surgery, and is also a member of the American Dental Association, the American Society of Clinical Hypnosis, and the Fifth District Dental Association. In addition he has been team dentist for the University of Louisiana at Monroe Athletic Department and was team dentist for the Monroe Moccasins hockey team. Dr. Scott assists others with continuing education by being a lecturer for the American Academy of Sports Dentistry Team Dentist Course and by presenting within the Mastertrak series for the Pediatric Dentistry Participation Courses.

Dr. Scott also has served his community as a Deputy Coroner since 2003. He was chairman of the Louisiana Dental Association's Task Force to raise funds to assist dentists displaced by Hurricanes Katrina and Rita. An active member and former officer of the Kiwanis, Dr. Scott was selected Member of the Year in 2001. Dr. Scott has also worked with the ADA on legislation to promote quality health care at the national level.

Dr. Scott continues to practice at his office in West Monroe, Louisiana with special emphasis on reconstructive dentistry, aesthetic and cosmetic dentistry. He is a graduate of the Louisiana State University School of Dentistry and received his undergraduate degree from Northeast Louisiana University (University of Louisiana Monroe). To find out more about his practice, visit www.drkingscott.com.

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Dr. Darlene Bassett Receives the Distinguished Service Award from the Louisiana Dental Association

Dr. Darlene Bassett was honored in 2009 as one of four dentists to receive the coveted LDA Distinguished Service Award. This award is given to dentists who have made great contributions to organized dentistry and their communities and who exemplify the highest professional standards in dentistry.

Dr. Bassett graduated from Loyola Dental School in 1971. She joined NODA, the LDA and ADA after her graduation and then joined the AGD in 1975. Dr. Bassett taught part-time at LSUSD from 1972—1980 and also had her private practice in New Orleans. Her practice has been sold and she is now working part-time.

As a very active member of NODA, Dr. Bassett served as their president, conference chairperson, secretary, first and second vice president, Delegate to the LDA HOD, Alternate Delegate to the LDA Board of Governors, and as editor of the *NODA News*. She has also served as an advisor to the dental conference and as chairperson for NODA's Children's Dental Health Month activities. Dr. Bassett was NODA's 2008 Honor Dentist.

For the AGD, Dr. Bassett has served as 1st Vice President, President, and Past President along with being editor of the LAGD Newsletter, *The Pelican's Pouch*. Dr. Bassett received her Fellowship from the ADG in 1984 ane her Mastership in 2001.

Dr. Bassett has served on the Alumni Board of Loyola University and LSUSD. She has also been a member of the American Academy of Women Dentists, Southeastern Louisiana Occlusions Study Club, American Academy of Clinical Research, American Academy of Clinical Hypnosis, American Academy of Dentistry for Children and the American College of Dentistry. She is currently a member of the Pierre Fauchard Academy, American Academy of Oral medicine, National Foundation of Dentistry for the Handicapped, LSUSD Committee of100, and the F. Harold Wirth Study Club.

CONGRATULATIONS DARLENE !

Michael J. Maginnis, D.D.S., M.S.

Board Certified Specialist in Removable Prosthodontics

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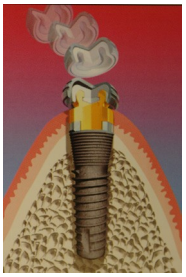
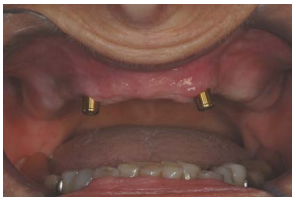
The Implant Overdenture

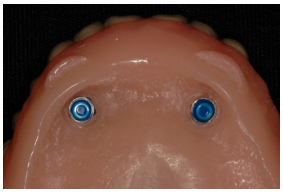


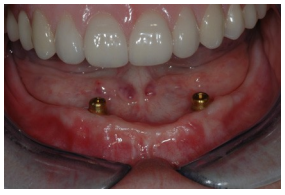
To paraphrase the real estate industry: "Locator, Locator, Locator". There's nothing like them, and I've tried them all, from cast bars with Hader or Ackermann clips, ball overdenture abutment heads, Dalla Bonas and o-rings. Locators are simple, effective, and very retentive. However, one important point needs to be well understood: *If you can't make a good denture without implants, you shouldn't be making a denture with implants.*

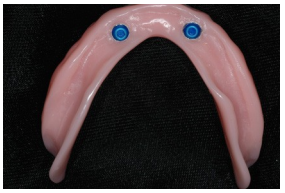
No implant will ever replace sound, prosthodontic principles. All dentures need to adequately cover the supporting tissues and have a functional centric occlusion at a comfortable vertical dimension of occlusion.

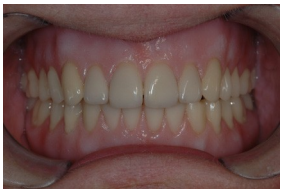


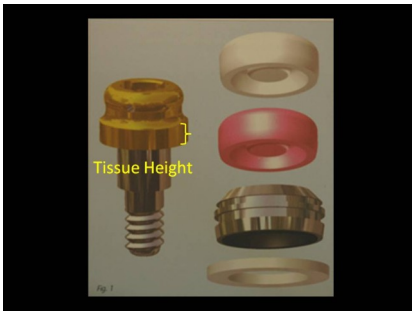
With that being said, two osseointegrated implants placed in the anterior maxilla or mandible in approximately the position of the missing cuspids can be restored with Locator abutments to provide the patient with excellent retention and stability.







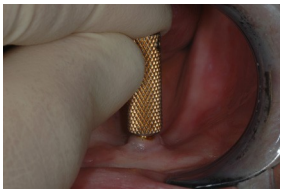


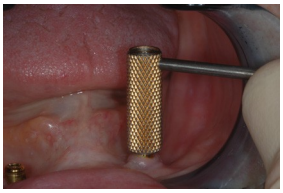


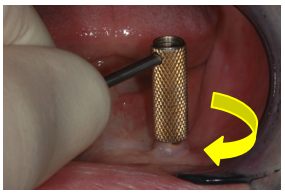
The Locator abutments are gold in color and are referred to as the "female" portion of the system. The "males" are the colored nylon inserts that offer retention values of 1.5, 3, and 4.5 lbs. A metal housing embedded in the denture base retains the males. The abutments are manufactured by Zest Anchors (www.zestanchors.com) for 50 different implant companies and their various implant designs. You should have no trouble finding a Locator to fit whatever implant you are attempting to restore. Abutment heads are available in tissue collar heights of 0mm to 6mm and the collar need only just clear the gingival crest. The end result is a very low profile abutment (plus male components) of 2.5 mm for non-hexed implants and 3.25mm for externally hexed implants. This compares very favorably to the 4.5mm to 7mm range of other currently available implant abutments.

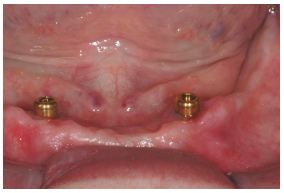
How many do you need? As far as I'm concerned, two are plenty. Beyond that, you get into broken fingernails. These attachments can be *too* retentive.

To place abutments and seat and remove male attachments, use the gold colored Female Triangular Seating Tool pictured at left along with the Male Seating and Removal Tool. After seating and tightening the abutment, use a torque wrench set to 20 N/cm or insert the shank of a straight handpiece bur into the hole in the side of the Triangular Seating Tool and turn an additional 90 degrees.





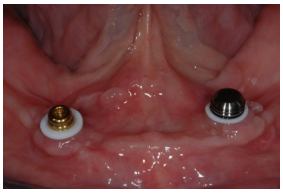




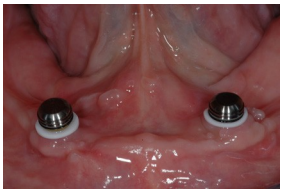
Direct or indirect, how do you want to attach the male housings to the denture? With the indirect method, you'll need to transfer the abutment's position to the master cast using an impression post or impression coping and a very stiff impression material. At the same time and with the same impression material the final impression for the denture base is made. Consistently achieving good results for both procedures can be difficult to accomplish. For this reason, I would suggest concentrating on making the best impression for the denture base and using the direct method for attaching the males to the finished denture at the time of delivery.
After the finished denture has been tried in and adjusted for a comfortable fit and good function, cold-cure acrylic can be used to secure the male housings to the denture base. Light-cured resins are difficult to fully cure beneath a denture and when fully cured, too brittle, thus allowing the male housings to break free. A fast setting, cold-cure, pink repair resin is the ideal material of choice.

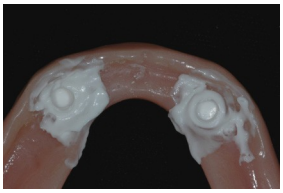
The silver male housings come from the manufacturer with a black processing male inserted within the housing. The processing male is designed to provide a slight amount of vertical travel to accommodate the compression of soft tissue under the denture base. For any procedure that involves resetting or replacing a male housing (i.e. reline/rebase), a black processing male *must* be used in all Locator male housings in the denture….extra black males can be ordered from the supplier.

Along with the male housing, comes a white washer or "skirt" that prevents the cold-cure resin from entering the gingival crevice during the bonding procedure. Slip the ring over the abutment head and snapthe male into place. The housings are now ready to be attached to the denture.



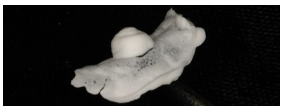
To allow for this, room must be made within the denture base so that the male housings do not contact any part of the denture when it is fully seated.

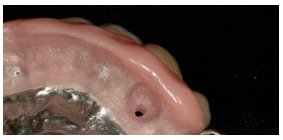




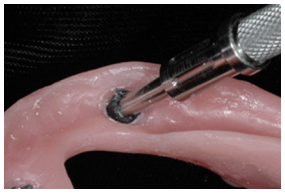
Use GC Fit Checker to make certain that a sufficient amount of acrylic has been removed from the denture base. No contact between the denture base and the metal housing should show in the white silicone paste.

The amount of Fit Checker used to fill the hole will give an indication as to the amount of acrylic resin that will be needed to bond the male housing to the denture base.

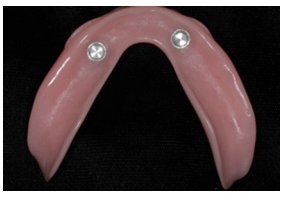


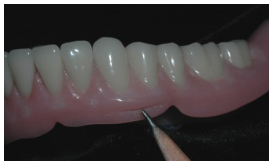


Use a 701 straight handpiece bur to punch a vent hole in the external surface of the denture base to allow for escape of excess acrylic. Wet the base acrylic with monomer and inject enough pink cold-cure repair resin to just under fill the hole. Seat the denture over the dry male housings



Once the acrylic has set, and the denture has been removed from the mouth, use the Male Seating and Removal Tool to remove the black processing male from its housing. Remove any excess acrylic from the intaglio surface of the denture and from the exterior of the vent hole.

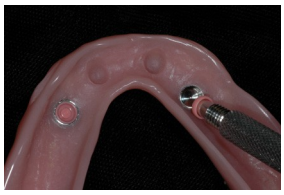




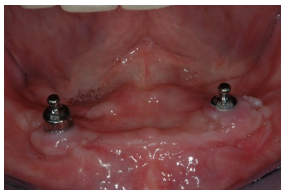
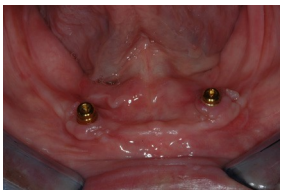
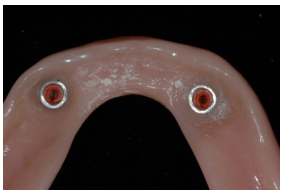
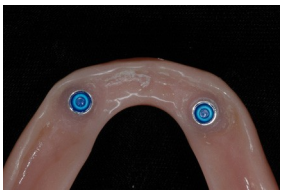
Small bulges of acrylic may need to be added to the exterior surface of the denture facial to the location of the male housings to assist the patient in removal of the prosthesis.

What color male is placed into the metal housing depends on how much retention you need. I always start with blue, the lightest, and it generally proves to be adequate. If you have an unusually long denture anteriorly-posteriorly, additional retention may be needed in the form of a pink or clear male. The same is true if the abutments are closer together than the cuspid position.

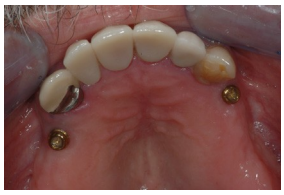
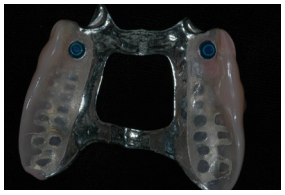
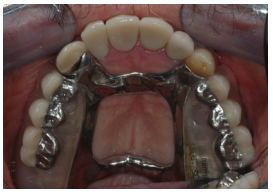
Excessively angled abutments may require the use of extended range males. These are nylon inserts in which the center nipple of nylon has been removed. The green male has 4 lbs. of retention and the red male has 1 lb.



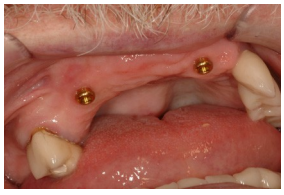
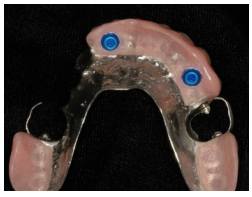
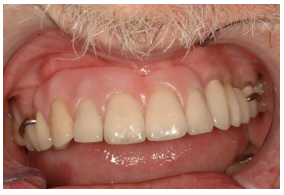
Use the Male Seating and Removal Tool to snap the nylon inserts into the male housing and deliver the denture. These attachments have proven to be so dependable and low-maintenance that I routinely replace o-ring abutments with Locator abutments in one short visit as shown below:

The Locator abutments can also be used in a variety of partial denture configurations, often negating the need for precision attachments.
Instead of having to restore the terminal abutments with precision attachment crowns, Locator abutments placed to their distal will suffice for the necessary retention of a claspless partial denture:

As pictured below, Locator abutments can provide increased retention and anterior support in the difficult to restore Class IV partial denture.

The possibilities are infinite and only limited by your imagination and the patient's bone.

Maginnis the Dentist

BALTIMORE 2009…
A HOMERUN FOR THE AGD

Our national AGD held it's annual conference in Baltimore this year on July 8-12 with the Hilton Baltimore Convention Center Hotel as the host. Adjacent to the Baltimore Convention Center is the Camden Yard, the Orioles Baseball Stadium. It was a terrific choice to host one of our best attended conferences ever. There were 4 other hotels in the vicinity to house the approximately 1700 Doctors and staff attending. The courses were excellent as you would expect from the AGD with top name speakers such as Gene Antenucci, Brian Hufford, Howard Farran, and others. The exhibit hall was tremendous as well with many commenting how they enjoyed being a part of our meeting and how well they were treated by our AGD.

Our keynote speaker this year was Cal Ripken, Jr. who is the Hall of Famer baseball shortstop from the Baltimore Orioles. The record for "The Iron Man" still stands at 2632 consecutive games played which surpassed a Lou Gehrig record set 56 years earlier. His message of determination and perseverance to achieve excellence echoed well with our group as we strive each day to build the practices our patients have come to appreciate. He was gracious enough to hold book signings for any attendee and photo opportunities with Fellows and Masters of the AGD.

The excitement was not only at the Baltimore Convention Center but in extracurricular activities as well. Many attendees went to at least one Baltimore Orioles baseball game against the Toronto Blue Jays who happened to be in the city at the time. Others also enjoyed eating and shopping at the Inner Harbor area, exploring the history of Fells Point, Little Italy, and nearby Gettysburg. A popular excursion was a Washington DC tour as well by either car or train. Some of the Louisiana AGD participated in a 5K run to benefit the AGD foundation at a nearby park.

All in all, we thoroughly enjoyed our stay at this year's conference. Next years' conference will be held in our very own New Orleans! We expect most of you to attend as it will be right in your own back yard. Our LAGD President Kay Jordan DDS FAGD has been working diligently to create a national meeting that will be the best ever! We look forward to seeing you and your staff there to enjoy it all.

Tony Guilbeau

EDITORIAL. . . . .

Roddy Scarbrough, DMD, Regional Director of Region 12, has given us permission to print an article he wrote on the Access to Care issue.

FROM MY POV OF THE 'ACCESS TO CARE' ISSUE
Dated: March 26, 2009
Roddy Scarbrough, DMD

Today is a great day for me to write my POV. I just received the latest ADA News (3/16/09 issue) filled with access issue articles. The more I read, the higher my BP went. Being from a rural state (MS) in a rural practice setting (small town of less than 1,500 pop.), I must need help understanding the "access" issue. Please allow me to pose several questions & my responses to them as I see it from the "country boy" POV. Yes, I do realize that those in the bright lights of the big cities will want to respond with the conventional response that we in the country need to get to town more. Try to avoid that easy, short-sighted, tired repartee. Just the facts … remember "I" am the slow one here.

1st, what is the definition for "access to care"? I ask this question because I have yet to find a written definition that is used by all the players making comment & "creating" solutions to address the "problem". How do we know that there is a problem without defining the problem? The ADA "adopted" the access issue several years ago on Capitol Hill. Like all adoptions, we/ ADA cannot get rid of the perceived problem. What should have been done & still needs to be done by the ADA & like players is to place the responsibility where it belongs …. with the legislators, both at state & federal levels.

2nd, Responsibility for our actions/choices is a lost characteristic in society today. No one wants to accept that each choice has reaction. I see people choosing to get their nails enhanced, hair coiffed, trucks lifted, cars lowered & rimmed out, and eating out at the best places, yet some how I am the responsible party when their teeth "explode". If a vehicle's engine quits running because it was not properly services, the owner of the vehicle is responsible <u>not</u> the manufacturer (GM or Ford). Preventative maintenance is stressed by those that service our cars. Dentistry stresses preventative maintenance. Yet somehow your lack of concern for your oral health becomes my responsibility when an oral health problem arises. Dental problems, short of trauma, do not creep up overnight rather are the culmination of neglect over time.

3rd, All the "solutions" make it appear that there is a manpower problem. This is so far from the truth. If there was a manpower problem, I would not have time to be writing my POV?!? An additional dental "team" member will not help resolve the access problem. The additional team member will create another cost for the dentist. No matter what name you call this team member, there is still another person to be paid every week. As initially proposed, the new team member would be under direct supervision of the dentist. First, how does this help the access issue? Secondly, this model works great in the Armed Forces. There are plenty of "responsible" dentists waiting to be asked to do check off work of expanded duty staff. There are over 130,000 highly qualified dental care providers available & ready to work. We are called dentists. How does having another team member help the access problem?

4th, Low-level provider (of dental care/treatment below dental school standards) = mid-level provider (when presented to the ADA membership & the public) is nothing more than semantics. All the programs have requirements to qualify the "mid"-level provider education. Why are the states, the feds, & the ADA willing to spend so much money to create another team member? A less qualified dental care provider than what is available thru the dental treatment modality. If you want to be a dentist, go to dental school!!! For all the discussion that has

occurred over the past 3-5 years, any care is better than no care. If this is so true, then put all dental restorative material for sale everywhere...department stores, pharmacies, vending machines, etc. Stop laughing. This is the path that the profession "appears" to be taking. **Dentistry's "problem" is that we dentists make the care that we provide look so easy that others think that they can do what we do.** Look from the public's side. You rub a little stuff on the skin, then inject some "water" looking numbing agent, grind the tooth for a time, push some filler in the hole, mess around for a little longer then send them out to be charged a "high" fee for the relative short period of time they were being seen by the dentist.

5th, Proper funding is the real issue. No one is willing to say this. It is all about the money. NEWS FLASH...costs are the same for the low-level provider as for the dentists. Another team member does not mean that reduced cost for care will result. As a matter of reference, cost goes up for the employing dentist whether new team member is under direct, indirect, or general supervision. Medicaid & CHIP are excellent programs to provide dental care for the poor, just ask the people that work for these government entities. If these government programs are excellent programs for treating the poor, then state & federal governments must fund them adequately. My definition of adequately funding is the same rate that funding is calculated for road builders & grocery stores….$1 of service receives a $1 of payment. The people providing these services do not even have to have a degree or license.

6th, ADA HOD is funding the pilot study for the low-level provider new team member at the tune of $5million+. This money is coming from out ADA dues. Why was this kind money not put to better use to lobby state & federal houses for adequate funding or self funding a study to assess the real dental need in a rural/urban/tribal area? Self-serving. NO! The profession should be allowed to fund its own research to see if what we are hearing from the public health people is true & relevant to the access issue. If this approach were followed, I believe that we would see a slim increase in utilization of dental services. Therefore, there is NOT a real need that requires action. It amazes me that for some reason that the public voice believes that dentistry is not looking out for what is best for them. Kinda' strange if dentistry is not worried about the public, why are we constantly searching for ways to put ourselves out of business….i.e. prevention of dental disease, fluoridation of water, healthy eating, mouth guards for sport activities. Now look at the money that is being pumped into the education of another team member. Why not use the team members we already employee & increase their skills by expanding their duties. These employees are the ones that dentists have trained, explained, & understand dentistry at its most intimate setting….chair-side. Educators are doing what they do best,...educate. By expanding the "need" for this new team member, education had stepped up to say that they can do the education. Great!! That is their job. Amazing that someone would step-up and say that they could provide this education. The same thought process should be used with the already educated dental team leader, the dentist. We have already stepped up multiple times for multiple assignments only to be told that we are not needed and are the problem. Remember that the educators are expecting to be paid for their work of educating at the going instructor's rate. Dentists should be silent when the money issue comes up for payment at the going rate to provide the highest quality dental care in the world for the poor. What is wrong with this picture?!? It is acceptable to discuss fees with private pay patients but not with the largest payor, government. Give me a break. Monolopy at its largest abuse. This rivals the FTC scare on fee discussions by a study club. I am to believe that these large companies do not have a fee discussion within their group work environment.

As I close these comments, I want to remind you of my office philosophy….
Treat others like I want to be treated.
&
The value of something is proportionate to the price you paid for it.

Editorial continued…..

I am proud of the work I do to better society. If I want to assist someone, it is my choice. I am proud of the work I put forward to receive my dental degree. Do not start devaluating my life's work by creating another "mini-dentist" without all the education hoop jumping I had to go through. Patients' lives are in the balance. Do there have to be bad outcomes, whether morbidity or mortality, before we try to regain a logical focus on the access issue. There is NO glass ceiling to dental school. If you want to be a dentist, go to dental school. Pay for the dental services if they are needed. If dentists are paid at an adequate rate, they will be happy to go to the areas that the need is greatest. We do not demand that retail outlets go where they cannot make money. Why is government asking the dentist to do this? Remember that dentistry is the only healthcare providers that are NOT paid at a breakeven point by government. If this were not true, all the other healthcare providers would be screaming. Yet we are taxed at the full rate even as we receive reduced payment. No tax credit given.

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