

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS**

**OFFICE OF SPECIAL MASTERS**

\*\*\*\*\*

CHRISTY RANAY FIELDS, \*

\*

Petitioner, \*

\*

v. \*

\*

SECRETARY OF HEALTH \*

\*

AND HUMAN SERVICES, \*

\*

Respondent. \*

\*

\*\*\*\*\*

No. 02-311V  
Special Master Christian J. Moran

Filed: December 3, 2010

damages; decision based on  
proffer; hepatitis B vaccination;  
Wegener's granulomatosis;  
kidney transplant

David L. Terzian, Esq., Rawls & McNelis P.C., Richmond, VA, for Petitioner;  
Glenn A. MacLeod, Esq., U.S. Department of Justice, Washington, DC, for Respondent.

**UNPUBLISHED DECISION AWARDING DAMAGES\***

On April 12, 2002, Christy R. Fields filed a petition seeking compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. §§ 300aa-1 et seq., alleging that a hepatitis B vaccination caused her to develop Wegener's granulomatosis, a disease that eventually necessitated a kidney transplant. In a decision dated Mary 14, 2008, the undersigned held that Ms. Fields was entitled to compensation.

On November 30, 2010, respondent filed a Proffer on Award of Compensation, which petitioner agrees to. Based upon the record as a whole, the special master finds the proffer

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\* Because this published decision contains a reasoned explanation for the special master's action in this case, the special master intends to post it on the United States Court of Federal Claims's website, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002).

Vaccine Rule 18(b) states that all decisions of the special masters will be made available to the public unless they contain trade secrets or commercial or financial information that is privileged and confidential, or medical or similar information whose disclosure would clearly be an unwarranted invasion of privacy. When such a decision or designated substantive order is filed, petitioner has 14 days to identify and to move to delete such information before the document's disclosure. If the special master, upon review, agrees that the identified material fits within the banned categories listed above, the special master shall delete such material from public access.

reasonable and that petitioner is entitled to an award as stated in the Proffer. Pursuant to the attached Proffer, with Appendix A, the court awards petitioner:

1. **A lump sum payment of 632,414.68, representing life care expenses for Year One (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43), in the form of a check payable to petitioner;**
2. **A lump sum payment of \$60,443.48, representing compensation for the reimbursement of the State of New Mexico Medicaid lien, payable jointly to petitioner and**

**New Mexico Human Services Department  
Medical Assistance Division  
Third Party Liability  
2025 South Pacheo Street  
P.O. Box 2348  
Santa Fe, New Mexico 97504  
Attn: Ester Martinez**

3. **An amount sufficient to purchase an annuity contract(s), subject to the conditions described in the attached Proffer (attached as Appendix A), that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A (attached as Appendix B), paid to the life insurance company(s) from which the annuity(s) will be purchased. Compensation for Year Two (beginning on the first anniversary of the date of judgment()) and all subsequent years shall be provided through respondent's purchase of an annuity(s), which annuity(s) shall make payments directly to petitioner, only so long as petitioner is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to petitioner in monthly, quarterly, annual, or other installments. The "annual amounts" set forth in the chart at Tab A describe only the total yearly sum to be paid to petitioner and do not require that the payment be made in one annual installment.**

In the absence of a motion for review filed pursuant to RCFC Appendix B, the clerk of the court is directed to enter judgment herewith.

Any questions may be directed to my law clerk, Jennifer C. Chapman, at (202) 357-6358.

IT IS SO ORDERED.

S/ Christian J. Moran

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Christian J. Moran  
Special Master

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS**

**OFFICE OF SPECIAL MASTERS**

_____	)	
CHRISTY RANAY FIELDS,	)	
	)	
Petitioner,	)	
	)	
v.	)	No. 02-311V
	)	Special Master Moran
SECRETARY OF	)	
HEALTH AND HUMAN SERVICES,	)	
	)	
Respondent.	)	
_____	)	

**RESPONDENT'S PROFFER ON AWARD OF COMPENSATION**

**I. Items of Compensation**

A. Life Care Items

The respondent engaged life care planner Jacquelyn Morris, RN, BSN, CRRN, CNLCP, and petitioner engaged life care planner Joan Schofield, RN, BSN, CNLCP, to provide an estimation of Christy Fields’s future vaccine injury-related needs. All items of compensation identified in the life care plan are supported by the evidence, and are illustrated by the chart entitled **Items of Compensation for Christy Fields**, attached hereto as Tab A.<sup>1</sup> Respondent proffers that Christy Fields should be awarded all items of compensation set forth in the life care plan and illustrated by the chart attached at Tab A. Petitioner agrees.

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<sup>1</sup>The chart at Tab A illustrates the annual benefits provided by the life care plan. The annual benefit years run from the date of judgment up to the first anniversary of the date of judgment, and every year thereafter up to the anniversary of the date of judgment.

B. Lost Earnings

The parties agree that based upon the evidence of record, petitioner has suffered a loss of earnings related to her vaccine injury and that it is unlikely that she will be employed on a full time basis in the future. Therefore, respondent proffers that Christy Fields should be awarded \$413,429.27 in partial lost earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(A). Petitioner agrees.

C. Pain and Suffering

Respondent proffers that Christy Fields should be awarded \$200,000.00 in actual and projected pain and suffering. This amount reflects that the award for projected pain and suffering has been reduced to net present value. See 42 U.S.C. § 300aa-15(a)(4). Petitioner agrees.

D. Past Unreimbursable Expenses

Evidence supplied by petitioner documents her expenditure of past unreimbursable expenses related to her vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of \$2,987.43. Petitioner agrees.

E. Medicaid Lien

Respondent proffers that Christy Fields should be awarded funds to satisfy the State of New Mexico Medicaid lien in the amount of \$60,443.48, which represents full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action the State of New Mexico may have against any individual as a result of any Medicaid payments the State of New Mexico has made to or on behalf of Christy Fields from the date of her eligibility for benefits through the

date of judgment in this case as a result of her vaccine-related injury suffered on or about November 28, 2000, under Title XIX of the Social Security Act. Petitioner agrees.

**II. Form of the Award**

The parties recommend that the compensation provided to Christy Fields should be made through a combination of a lump sum payment and future annuity payments as described below, and request that the special master's decision and the Court's judgment award the following:

A. A lump sum payment of \$632,414.68, representing life care expenses for Year One (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43), in the form of a check payable to petitioner;

B. A lump sum payment of \$60,443.48, representing compensation for the reimbursement of the State of New Mexico Medicaid lien, payable jointly to petitioner and

New Mexico Human Services Department  
Medical Assistance Division  
Third Party Liability  
2025 South Pacheo Street  
P.O. Box 2348  
Santa Fe, New Mexico 97504  
Att: Ester Martinez

Petitioner agrees to endorse this payment to the New Mexico Human Services Department.

C. An amount sufficient to purchase an annuity contract(s), subject to the conditions described below, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A attached hereto, paid to the life insurance company(s)<sup>2</sup> from

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<sup>2</sup> The Life Insurance Company(s) must have a minimum of \$250,000,000 capital and surplus, exclusive of any mandatory security valuation reserve. The Life Insurance Company(s) must have one of the following ratings from two of the following rating organizations:

(continued...)

which the annuity(s) will be purchased. Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through respondent's purchase of an annuity(s), which annuity(s) shall make payments directly to petitioner, Christy Fields, only so long as Christy Fields is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to petitioner in monthly, quarterly, annual or other installments. The "annual amounts" set forth in the chart at Tab A describe only the total yearly sum to be paid to petitioner and do not require that the payment be made in one annual installment.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all non-medical life care items, and a five percent (5%) growth rate should be applied to all medical life care items. Thus, the benefits illustrated in the chart at Tab A that are to be paid through annuity payments should grow as follows: four percent (4%) compounded annually from the date of judgment for non-medical items, and five percent (5%) compounded annually from the date of judgment for medical items. Petitioner agrees.

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<sup>2</sup>( . . . continued )

- a. A.M. Best Company: A++, A+, A+g, A+p, A+r, or A+s;
- b. Moody's Investor Service Claims Paying Rating: Aa3, Aa2, Aa1, or Aaa;
- c. Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+, or AAA;
- d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

2. Life-contingent annuity(s)

Petitioner will continue to receive the annuity payments from the Life Insurance Company(s) only so long as she, Christy Fields, is alive at the time that a particular payment is due. Petitioner agrees to make arrangements to ensure that written notice is provided to the Secretary of Health and Human Services and the Life Insurance Company(s) within twenty (20) days of Christy Fields's death.

3. Guardianship

Petitioner is a competent adult. Evidence of guardianship is not required in this case.

**III. Summary of Recommended Payments Following Judgment**

A. Lump Sum paid to petitioner:	<b>\$ 632,414.68</b>
B. Reimbursement of New Mexico Medicaid lien:	<b>\$ 60,443.48</b>
C. An amount sufficient to purchase the annuity contract(s) described above in section II. C.	

Respectfully submitted,

TONY WEST  
Assistant Attorney General

TIMOTHY P. GARREN  
Director  
Torts Branch, Civil Division

MARK W. ROGERS  
Deputy Director  
Torts Branch, Civil Division

MICHAEL P. MILMOE  
Senior Trial Counsel  
Torts Branch, Civil Division

/S/GLENN A. MACLEOD  
GLENN A. MACLEOD  
Senior Trial Counsel  
Torts Branch, Civil Division  
U.S. Department of Justice  
P.O. Box 146  
Benjamin Franklin Station  
Washington, D.C. 20044-0146  
Telephone: (202) 616-4122

Dated: November 30, 2010

Fields v. Sec'y of HHS, Fed. Cl. No. 02-311V

## PROFFER ON DAMAGES

### TAB A

Items of Compensation for Christy Fields



## Appendix A: Items of Compensation for Christy Fields

ITEMS OF COMPENSATION	G.R.	*	M	Lump Sum Compensation Year 1	Compensation Years 2-3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8	Compensation Year 9
				2010	2011-2012	2013	2014	2015	2016	2017	2018
Prograf	5%	*		1,920.00	1,920.00	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72
Prednisone	5%	*		240.00	240.00	18.18	18.18	18.18	18.18	18.18	18.18
Pantoprazole	5%	*		1,440.00	1,440.00	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62
Omeprozole	5%	*		240.00	240.00	187.20	187.20	187.20	187.20	187.20	187.20
Venlafaxine	5%	*		720.00	720.00	205.86	205.86	205.86	205.86	205.86	205.86
Vitamin D and Calcium	4%			16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
Magnesium (OTC)	4%			25.28	25.28	25.28	25.28	25.28	25.28	25.28	25.28
Antibiotics	4%	*		60.00	60.00	75.97	75.97	75.97	75.97	75.97	75.97
Anti-hypertension Meds	5%	*									
Statin Meds	5%	*									
Imodium	4%			36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
Blood Pressure Monitoring	4%	*		55.00	18.33	18.33	18.33	18.33	18.33	18.33	18.33
Pill Organizer	4%										
Partial Lost Earnings				413,429.27							
Pain and Suffering				200,000.00							
Past Unreimbursable Expenses				2,987.43							
Medicaid Lien											
Annual Totals				632,414.68	7,771.61	35,478.16	12,484.34	12,253.16	35,709.34	12,253.16	18,752.34

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43): \$632,414.68.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and New Mexico Human Services Department, as reimbursement for a Medicaid lien: \$60,443.48.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

At respondent's discretion, items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.



## Appendix A: Items of Compensation for Christy Fields

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17
				2019	2020	2021	2022	2023	2024	2025	2026
Prograf	5%	*		7,731.72	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72
Prednisone	5%	*		18.18	18.18	18.18	18.18	18.18	18.18	18.18	18.18
Pantoprazole	5%	*		1,216.62	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62
Omeprozole	5%	*		187.20	187.20	187.20	187.20	187.20	187.20	187.20	187.20
Venlafaxine	5%	*		205.86	205.86	205.86	205.86	205.86	205.86	205.86	205.86
Vitamin D and Calcium	4%			16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
Magnesium (OTC)	4%			25.28	25.28	25.28	25.28	25.28	25.28	25.28	25.28
Antibiotics	4%	*		75.97	75.97	75.97	75.97	75.97	75.97	75.97	75.97
Anti-hypertension Meds	5%	*									
Statin Meds	5%	*									
Imodium	4%			36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
Blood Pressure Monitoring	4%	*		18.33	18.33	18.33	18.33	18.33	18.33	18.33	18.33
Pill Organizer	4%										
Partial Lost Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals				35,478.16	12,684.34	12,253.16	35,709.34	12,253.16	12,484.34	35,478.16	12,484.34

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43): \$632,414.68.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and New Mexico Human Services Department, as reimbursement for a Medicaid lien: \$60,443.48.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

At respondent's discretion, items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.



## Appendix A: Items of Compensation for Christy Fields

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 18 2027	Compensation Year 19 2028	Compensation Year 20 2029	Compensation Year 21 2030	Compensation Year 22 2031	Compensation Year 23 2032	Compensation Year 24 2033	Compensation Year 25 2034
Prograf	5%	*		7,731.72							7,731.72
Prednisone	5%	*		18.18							18.18
Pantoprazole	5%	*		1,216.62							1,216.62
Omeprozole	5%	*		187.20							187.20
Venlafaxine	5%	*		205.86							205.86
Vitamin D and Calcium	4%			16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
Magnesium (OTC)	4%			25.28	25.28	25.28	25.28	25.28	25.28	25.28	25.28
Antibiotics	4%	*		75.97							75.97
Anti-hypertension Meds	5%	*									79.96
Statin Meds	5%	*									69.35
Imodium	4%			36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
Blood Pressure Monitoring	4%	*		18.33	18.33	18.33	18.33	18.33	18.33	18.33	18.33
Pill Organizer	4%										
Partial Lost Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals				12,253.16	11,972.21	12,068.21	12,164.21	10,934.21	11,030.21	11,138.21	35,954.65

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43): \$632,414.68.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and New Mexico Human Services Department, as reimbursement for a Medicaid lien: \$60,443.48.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

At respondent's discretion, items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.



## Appendix A: Items of Compensation for Christy Fields

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 26	Compensation Year 27	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Year 33
				2035	2036	2037	2038	2039	2040	2041	2042
Prograf	5%	*		7,731.72	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72	7,731.72
Prednisone	5%	*		18.18	18.18	18.18	18.18	18.18	18.18	18.18	18.18
Pantoprazole	5%	*		1,216.62	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62	1,216.62
Omeprozole	5%	*		187.20	187.20	187.20	187.20	187.20	187.20	187.20	187.20
Venlafaxine	5%	*		205.86	205.86	205.86	205.86	205.86	205.86	205.86	205.86
Vitamin D and Calcium	4%			16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
Magnesium (OTC)	4%			25.28	25.28	25.28	25.28	25.28	25.28	25.28	25.28
Antibiotics	4%	*		75.97	75.97	75.97	75.97	75.97	75.97	75.97	75.97
Anti-hypertension Meds	5%	*		79.96	79.96	79.96	79.96	79.96	79.96	79.96	79.96
Statin Meds	5%	*		69.35	69.35	69.35	69.35	69.35	69.35	69.35	69.35
Imodium	4%			36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
Blood Pressure Monitoring	4%	*		18.33	18.33	18.33	18.33	18.33	18.33	18.33	18.33
Pill Organizer	4%										
Partial Lost Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals				12,498.47	12,729.65	35,723.47	12,729.65	12,498.47	36,154.65	12,498.47	12,729.65

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43): \$632,414.68.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and New Mexico Human Services Department, as reimbursement for a Medicaid lien: \$60,443.48.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

At respondent's discretion, items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.



## Appendix A: Items of Compensation for Christy Fields

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 34	Compensation Year 35	Compensation Year 36	Compensation Year 37	Compensation Year 38	Compensation Year 39	Compensation Year 40	Compensation Year 41
				2043	2044	2045	2046	2047	2048	2049	2050
Prograf	5%	*								7,731.72	7,731.72
Prednisone	5%	*								18.18	18.18
Pantoprazole	5%	*								1,216.62	1,216.62
Omeprazole	5%	*								187.20	187.20
Venlafaxine	5%	*								205.86	205.86
Vitamin D and Calcium	4%			16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
Magnesium (OTC)	4%			25.28	25.28	25.28	25.28	25.28	25.28	25.28	25.28
Antibiotics	4%	*								75.97	75.97
Anti-hypertension Meds	5%	*								79.96	79.96
Statin Meds	5%	*								69.35	69.35
Imodium	4%			36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
Blood Pressure Monitoring	4%	*		18.33	18.33	18.33	18.33	18.33	18.33	18.33	18.33
Pill Organizer	4%			6.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Partial Lost Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals				13,022.21	13,043.21	13,067.21	13,091.21	13,115.21	13,382.39	35,911.47	12,932.65

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43): \$632,414.68.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and New Mexico Human Services Department, as reimbursement for a Medicaid lien: \$60,443.48.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

At respondent's discretion, items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.

## Appendix A: Items of Compensation for Christy Fields

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 42 2051	Compensation Year 43 2052	Compensation Years 44-Life 2053-Life
BC of NM MOP	5%					
Medicare Part B	5%		M			
NMMIP Premium	5%		M			
NMMIP MOP	5%					
Medigap F	5%		M			2,082.00
Medicare Part D	5%		M			5,114.60
Neuro-psych Eval	5%	*				
PT	4%	*				
Supervised Exercise Prog.	4%					
Psychological Counseling	4%	*				
Nephrologist	5%	*		625.00	625.00	
Internist	5%	*				
Rheuma-tologist	5%	*			185.00	
Optometrist	5%	*		77.00	77.00	
Dermatology	5%	*		96.00	96.00	
Dental	5%			56.00	56.00	56.00
Gynecologist	5%	*				
Perinatology Consult	5%					
Perinatologist	5%					
Nurse Case Mngt	4%					
Travel for Nurse	4%					
Kidney Transplant Surgery	5%	*				
Emergency Care	5%	*			1,076.00	
Unplanned Hospitalizations	5%	*			22,149.00	
Laser Hair Reduction	0%					
Hypertrophic Scar Removal	5%	*				
Radiological Images	5%	*				
Renal Ultrasound	5%	*				
Bone Densitometry	5%	*			231.18	
Lab Work	5%	*		1,964.00	1,964.00	
ANAC Test	5%	*				
High Risk Obstetrical Care	5%					

## Appendix A: Items of Compensation for Christy Fields

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 42	Compensation Year 43	Compensation Years 44-Life
				2051	2052	2053-Life
Prograf	5%	*		7,731.72	7,731.72	
Prednisone	5%	*		18.18	18.18	
Pantoprazole	5%	*		1,216.62	1,216.62	
Omeprazole	5%	*		187.20	187.20	
Venlafaxine	5%	*		205.86	205.86	
Vitamin D and Calcium	4%			16.00	16.00	16.00
Magnesium (OTC)	4%			25.28	25.28	25.28
Antibiotics	4%	*		75.97	75.97	
Anti-hypertension Meds	5%	*		79.96	79.96	
Statin Meds	5%	*		69.35	69.35	
Imodium	4%			36.00	36.00	36.00
Blood Pressure Monitoring	4%	*		18.33	18.33	
Pill Organizer	4%			3.00	3.00	3.00
Partial Lost Earnings						
Pain and Suffering						
Past Unreimbursable Expenses						
Medicaid Lien						
Annual Totals				12,501.47	36,142.65	7,332.88

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$15,997.98), lost earnings (\$413,429.27), pain and suffering (\$200,000.00), and past unreimbursable expenses (\$2,987.43): \$632,414.68.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and New Mexico Human Services Department, as reimbursement for a Medicaid lien: \$60,443.48.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

At respondent's discretion, items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.