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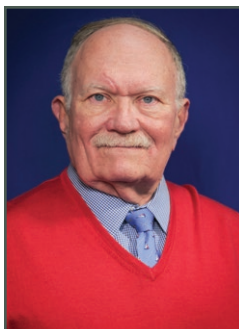
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PRESIDENT'S MESSAGE



THE DEGLAMORIZATION OF ALCOHOL

BY ERIC W. BERG, III, MD

Like other baby boomers (talking 'bout my generation), I grew up in the 1950s and '60s watching films, comedians, and TV shows where cocktails and fine wine were perceived as a badge of sophistication. But I grew up in a dry county in Florida. My friends would accompany their parents on booze run shopping trips to the next county. Few people thought this was unusual; however, my mother was one who objected. I was

raised in a dry household, attended a dry church, and knew that if the county ever became "wet," my family would move to a dry county.

My first personal exposure to glamorous alcohol came after I left home. I was sent to an out-of-state Baptist college where the men's dean assured my parents there

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MEDICAL DIRECTOR'S MESSAGE



A.I. IN HEALTHCARE AND RECOVERY: Balancing Promise and Risk

BY MICHAEL J. BARON, MD, MPH, DFASAM

An article teaser in the September 14, 2026, edition of the New York Times said, "Federal projects are rolling out A.I. agents that offer therapy and prescribe medicine." It came amid a flurry of headlines about the promise of Artificial Intelligence being rapidly outstripped by its potential risks. That includes stories about a recent lawsuit alleging that staff at the Mayo Clinic cut corners with AI, putting patient care and privacy at risk. As AI is entering healthcare with explosive force and without ignoring the broader concerns, I wanted to explore the benefits and risks of A.I. in healthcare and particularly the field of Professional Health Programs.

A.I. is rapidly becoming a tool in medicine, with the potential to make treatment more

personalized, proactive, and accessible. These tools are assisting and, in places, replacing physicians, therapists, and support networks by analyzing large amounts of data and recognizing patterns that may be difficult to detect in a brief appointment. A.I.'s value is especially apparent in chronic disease management areas like addiction and recovery-oriented care, where progress is rough and early signs of relapse can be subtle. However, enthusiasm for A.I. must be balanced with clear recognition of its limitations. Inaccurate recommendations, privacy risks, reliance on automated systems, and the absence of genuine human empathy all create important concerns. Unfortunately, Silicon

(Continued on Page 2)

A STORY OF HEALING: 9th Step Promises Come True



BY DR. W.*

My abbreviated history of redemption from the perils of substance use begins with a life-threatening motor vehicle accident several years ago.

Weeks in Vanderbilt ICU and months of physical and occupational therapy were coupled with rehab and, unfortunately, many more

surgeries... all of it rife with self-prescribed narcotics, lies, and deception. My attempts to return to work were complicated by additional surgeries, deteriorating health, extensive wound care, and more self-prescribed narcotics.

After years of failing health and addiction, I eventually found the TMF and Medical Director Dr. Michael Baron. He began by focusing on helping me regain my physical health. This was the first time someone wanted to investigate the contribution of my failing physical health to my addiction. Dr. Baron's investigation was cut short by two subsequent surgeries and a federal charge for writing prescriptions for non-medical uses. I was sentenced to eight years, but Dr. Baron never abandoned me during this time.

After completing the sentence and supervised release period, I began driving an 18-wheeler for a living. I wanted to go back to work but three federal judges, five attorneys, and many medical doctors told me I would never practice medicine again. I continued to hope in God and the 9th Step promises.

Dr. Baron accompanied me to the Tennessee Board of Medical Examiners (BME) where I requested a temporary MD license. They required a week-long physical and psychological exam. After receiving a clean bill of health, the BME granted a one-year limited license that enabled me to take a BME-approved refresher medicine course in California. This course required a final oral exam with live patients in the presence of medicine faculty.

After completing all the BME requirements, we returned. Dr. Baron told the Board that I had done everything they requested and more. Surprisingly, they granted what I was hoping for—an unconditional, unrestricted license. Next stop: the Feds, where I experienced another miracle. Because the TN BME granted me an unrestricted license, the DEA granted me an unencumbered prescribing certificate for all schedules. The next challenge: could I find a job practicing medicine while driving a truck? It took months, always involving a long discussion about the addiction and a felony on my record, but that, too, was finally realized.

Today, I am working as a medical doctor. I am still praying and working toward healing my relationship with my family due to the hurt that I have caused; my sons need a father who is emotionally present. Many amends are still in my future. But what a gift! I am alive and well and caring for patients again. Thanks to Dr. Baron and the TMF, the promises are coming true. 🙏

**Author's identity withheld for confidentiality.*

MEDICAL DIRECTOR'S MESSAGE *(Continued from Page 1)*

Valley investment appears to be leading the charge, way ahead of outcome data, regulations, and quality standards.

PERSONALIZING TREATMENT PLANS

One of A.I.'s most promising contributions is its ability to support more individualized treatment planning. Traditional clinical care often relies on evidence-based guidelines that are designed for populations. These guidelines are important, but no two patients have exactly the same medical history, symptoms, social circumstances, risks, or resources. In the addiction treatment realm, A.I. can help organize and interpret multiple pieces of data at once, including health records, toxicology results, medication history, worksite monitor reports, and mutual support group attendance.

A.I. tools may help identify patterns in stress levels, work demands, prior treatment response, and support at home, and flag options for a case manager to consider. It could recognize that a participant's symptoms worsen after missed recovery meetings, extended night call, medication changes, or no communication with a sponsor. It could then help develop a responsive plan, such as increased follow-up, additional therapy support, or outreach.

When used carefully, A.I. can help make treatment feel more relevant and manageable rather than generic, standardized, or overwhelming. It may identify possible options, but clinicians must still determine whether those options are medically appropriate, ethically sound, financially feasible, and aligned with the patient's goals. A useful A.I. system should enhance shared decision-making, not undermine it. The patient is a person with values, preferences, relationships, and lived experiences, not a collection of data points.

PREDICTING RETURN TO USE RISK

A.I. may also be useful in identifying early warning signs of return to use or clinical deterioration. A return to use is not a single event that occurs in a vacuum without warning. It is almost always preceded by changes in behavior that include missed meetings, withdrawal from supportive relationships like a sponsor or spouse, changes in mood, increased pain, missed work, and increased stress. Hungry, Angry, Lonely and Tired (HALT) is the classic acronym of risk factors that can lead to return to use. I've always added a P for Pain – making the acronym PHALT.

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CONNECTION, GROWTH, AND RENEWAL: A Look Back at the 2026 Caduceus Retreat

From June 12-14, TMF Professionals Health Program (PHP) participants, graduates, and spouses gathered at the Franklin Marriott Cool Springs in Franklin, TN, for the 2026 Caduceus Retreat. This annual event is centered around attendee health, their recovery journey, and their peer community.

SPEAKERS & CME

Our educational program was anchored by an exceptional lineup of expert national speakers, allowing attendees to earn up to 6.0 CME hours. Speakers included TMF Medical Director Dr. Michael Baron and outside experts Dr. Jessi Gold, chief wellness officer for the University of Tennessee system, Dr. Smita Prasad, assistant professor of addiction at Tulane University, Dr. Jonathan Ripp, chief wellness officer for the Icahn School of Medicine-Mount Sinai, NY, and Dr. Tina Simpson, medical director of the Kentucky Physicians Health Foundation.

KAMA PARTNERSHIP

This year's powerful weekend of healing and education was made possible in part by a generous grant from the Knoxville Academy of Medicine Alliance (KAMA). We extend our deepest gratitude to KAMA for their continued partnership in our ongoing mission to "heal the healers."

Thank you to everyone who attended, spoke, and contributed to making this year's retreat a powerful milestone in our collective journey of recovery. 🙏



TMF Medical Director Dr. Michael Baron (left) and Executive Director Jennifer Rainwater (right) welcome speakers Dr. Jessi Gold and Dr. Jonathan Ripp to the Retreat.



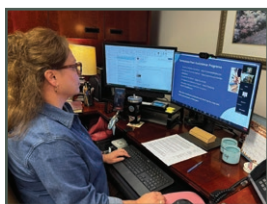
Dr. Prasad's presentation covered scientific findings on how addiction rewires the brain.



Dr. Simpson shares a smile with attendees during her Sunday Spiritual Session presentation.

TMF-TPRN MENTAL HEALTH SUMMIT: Addressing the Opioid Crisis

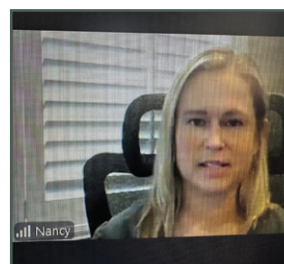
The TMF and the Tennessee Pharmacy Recovery Network hosted the 2026 Interprofessional Mental Health Summit virtually on September 24. Held annually during National Recovery Month and National Suicide Prevention Awareness Month, this year's event focused on opioid addiction, recovery, and abatement, bringing together clinicians, pharmacists, and mental health advocates from across the state.



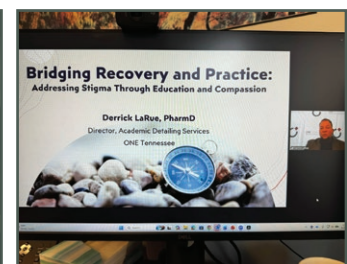
TMF Executive Director Jennifer Rainwater hosted the Summit again this year.

EXPERT INSIGHTS

Speakers Nancy Hooper, DPH, of the Tennessee Pharmacy Recovery Network (TPRN) and Derrick LaRue, PharmD, of ONE Tennessee, shared strategies for addressing opioid use disorder in clinical practice and the broader healthcare community.



Summit speakers Drs. Nancy Hooper and Derrick LaRue shared key insights on OUD recovery support, abatement and treatment and reducing stigma.

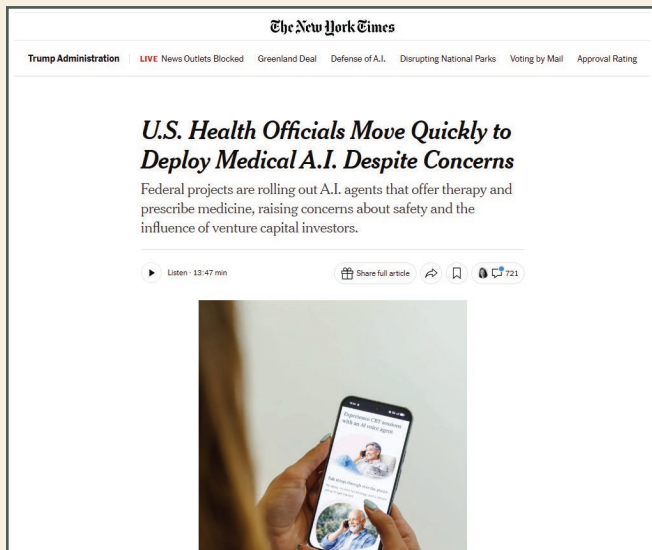


Attendees earned 1.0 hour of continuing education credit, with accreditation provided by the Tennessee Medical Association and the Tennessee Pharmacy Education Consortium.

The Summit was funded in part by TPRN. 🙏

MEDICAL DIRECTOR'S MESSAGE

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Screenshot via The New York Times - "U.S. Health Officials Move Quickly to Deploy Medical A.I. Despite Concerns," by Christina Jewett, Sept 14, 2026.

These systems can review patterns and identify when someone may need additional support. A digital tool could notice that a participant has stopped attending recovery meetings, missed therapy sessions, or has not refilled a prescribed medication. Rather than labeling the person as "noncompliant," an A.I. system could prompt a supportive response: a message from a case manager, an invitation to schedule a visit, a reminder about available resources, or generate a warning to prompt a review of the situation.

A.I. risk prediction can shift care from crisis response to earlier support, but return to use prediction must be approached with caution. Risk scores do not equate to a fate; a person identified as "at risk" is not guaranteed to use, and someone deemed "low risk" may still experience serious difficulty. If these predictions are treated as definitive, they can create harm. Inaccurate risk assessments could affect trust, licensure, employment, stigma or a willingness to disclose stressors.

PROVIDING CONTINUOUS SUPPORT

Another potential benefit is A.I.'s ability to provide support outside of recovery-based meetings. Many recovering physicians need that help, whether at home, the office, when they are traveling, or posed with a difficult decision. A.I.-powered tools can offer 24-hour access to basic education, coping reminders, symptom tracking, appointment support, and prompts to seek human help when needed, such as a call to a sponsor. It can offer support through other strategies including guided breathing exercises, journaling prompts, connection with peer support, counseling, or recovery communities. A.I. can also help identify triggers or remind the person of coping skills that have worked in the past.

RISKS OF INACCURATE ADVICE

There are risks to using these fast-growing and rapidly accepted tools. A.I. systems sound confident even when they are wrong. A digital tool may misunderstand a question, rely on incomplete or outdated information, fail to account for medical complexity, or produce a recommendation that appears reasonable but is unsafe for that individual. In medicine, small omissions matter. A suggestion that is appropriate for one person may be dangerous for another because of allergies, pregnancy, medication interactions, co-occurring conditions, age, or the severity of symptoms. The risk is particularly serious in mental health and substance use care, where a person may seek help during a vulnerable moment. Systems designed for these settings need strong safety protocols, including clear limits on what they can do, reliable escalation procedures, crisis-resource information, and human oversight.

PRIVACY, TRUST, AND HUMAN CONNECTION

Personal health information (PHI) is protected by state and federal statutes – this is among the most sensitive information a person can share. Privacy concerns are especially significant for programs like our own, with participants who may fear stigma or professional consequences. Health professionals in recovery may be reluctant to use digital tools if they worry that personal information could be shared with employers, credentialing bodies, licensing boards, family members, or others without their formal consent.

Even the most advanced A.I. cannot provide genuine human empathy. It can imitate compassionate language and offer supportive phrases, but machines do not truly understand grief, fear, toxic shame, hope, or the cumulation of a person's life experiences. It cannot recognize the emotional significance of a pause, or convey authentic concern based on a shared human relationship.

THE FUTURE IS NOW

Amid national anxieties, the future of A.I. in healthcare should be guided by a simple principle: technology should extend human care, not be a substitute for it. A.I. can help to see patterns, help patients and participants stay engaged, and help our systems respond to emerging needs. But safe and compassionate care still depends on the human touch, informed consent, privacy protections, professional expertise, and relationships built on trust.

When A.I. is used as a regulated support tool it can contribute to more responsive care while preserving the human connection that we need most. 🙏

A handwritten signature in black ink that reads "Michael Baron MD".

Share your thoughts with Dr. Baron at michaelb@e-tmf.org.

TMF WELCOMES NEW LEADERS TO BOARD AND CLINICAL OVERSIGHT POSITIONS

Three new volunteer leaders have joined the ranks of the TMF Board of Directors and the Professionals Health Quality Improvement Committee (PHQIC).

"We are so pleased to welcome Maria Jernigan and Beth Ratliff to our Board of Directors, and Dr. Matthew Mabie as a member of our clinical oversight committee, the PHQIC," said TMF Executive Director Jennifer Rainwater. "At the same time, we want to thank our outgoing leaders, Board members Dr. Subhi Ali, Dr. Perry Rothrock, and Randy Ratliff. They each have served with distinction and excellence, and we are deeply grateful to them for helping to propel our mission forward."



NEW FACES

Maria Jernigan, RD, a native of East Tennessee, succeeds Lorraine Johnson as the Tennessee Medical Association Alliance (TMAA) representative to the TMF Board. A registered dietician, Maria is a past president, board member, and communications director-elect for the Knoxville Academy of Medicine Alliance (KAMA).



Beth Ratliff, MBA, of Nashville, is chief operating officer of Premise Health, the nation's leading direct healthcare organization.

The wife of outgoing TMF Board member Randy Ratliff, Beth is open about being in long-term recovery and speaks on behalf of the National Recovery Friendly Workplace Institute. She is a Nashville Health Care Council Fellow and Alumni Advisory Board member, a member of C200, and a former member of the Impact100 Nashville Advisory Board. Beth offers both a healthcare executive



and consumer perspective to issues involving recovery, stigma, workplace support, access to care, and clinical quality.

Matthew Mabie, MD, brings his personal recovery experience to the PHQIC as a 2021 graduate of the TMF Professionals Health Program. He also currently serves as a leader of the Memphis

Caduceus Group, a peer support group for TMF-PHP participants, stating he felt the role would "allow me to give back some of what physicians already in recovery had so freely given to me."

Dr. Mabie has a private practice in adult pulmonary and critical care medicine. He also serves as a teaching attending, chair of the critical care division, and on multiple clinical and leadership committees at the University of Tennessee Health Science Center in Memphis.

TERMS OF SERVICE

Each of these new volunteer leaders will serve a three-year term. For more information, contact Jennifer Rainwater at jenniferr@e-tmf.org. 🙏

REAGAN GIBBS JOINS TMF AS COMPLIANCE, RECEPTION, DATA ENTRY ASSISTANT



The TMF is pleased to announce the addition of Reagan Gibbs as compliance, reception and data entry assistant, succeeding Barbara Nicks, who served as administrative assistant and receptionist from September 2020-June 2026.

Executive Director Jennifer Rainwater expressed confidence in Ms. Gibbs' ability to step

into this vital role. She will anchor TMF's daily operations by managing the seamless intake of new referrals, documenting participant compliance, conducting clinical record audits and updates, and coordinating scheduling and communication for clinical staff.

In welcoming Ms. Gibbs, Ms. Rainwater also shared a heartfelt tribute to her predecessor, Ms. Nicks, who served as the organization's dedicated first point of contact.

"She had a rare gift for making everyone, especially our new referrals and participants, instantly feel at ease," she said, adding, "Ms. Gibbs' sharp administrative skills and dedication will ensure our participants continue to find the TMF to be a structured, compassionate environment."

"I'm looking forward to being part of an organization that has such a positive impact on others. I'm a deep believer in the TMF's mission, and being able to contribute to the support it provides for participants brings me joy," said Ms. Gibbs.

Ms. Gibbs graduated Magna Cum Laude from Asbury University in Wilmore, KY, with a degree in media communications. 🙏

NOW STREAMING: The Heart and Mission of the TMF



TMF volunteer leaders shared insights during video interviews.

Three new videos are now available to help further the TMF mission to *Save Lives, Save Careers*.

Teaming up with KGV Studios of Nashville, TMF staff, volunteer leaders, program graduates, and others took part in a series of videos highlighting the Foundation's work, resources, and inspiring outcomes.

The films include:

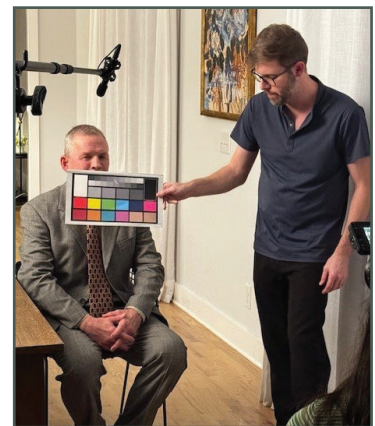
- "The TMF Impact: Saving Lives & Careers" – Featuring TMF leaders and program graduates sharing insights and powerful experiences in recovery and restoration. (Long version - 14:08 min; Short version – 5:39 min)
- "The TMF Process: How it Works & What to Expect" – An animated film demystifying the TMF process and dispelling fears about what happens after a referral. (4:11 min)
- "Navigating the TNPSQ: Online Assessment for TN Clinicians" – Focusing on our premier resource, the Tennessee Professional Screening Questionnaire

(TNPSQ), this brief animated film shares how clinicians can take an anonymous 10-minute mental health self-screen with options to seek further help if desired. (2:51 min)



These videos highlight the profound truth that recovery is possible, careers can be saved, and our healers can return to their communities stronger than ever.

Additional videos on the TMF and TNPSQ are still in progress; all were funded by a grant from the Tennessee Opioid Abatement Council.



WATCH & SHARE

The new videos are now live and available to view online. We invite you to grab a cup of coffee, watch the videos, and share these messages of hope and healing with colleagues, friends, and professional networks.

Watch now: www.youtube.com/@JenniferRainwater 📺

EVENTS CALENDAR

TMF PHQIC Meeting

December 3, 2026

TN Medical Association
Nashville, TN

FSPHP Annual Education Conference

April 14-16, 2027

Oklahoma City Convention Center

TMF Caduceus Retreat

June 11-13, 2027

Franklin Marriott Cool Springs
Franklin, TN

IDAA Annual Meeting

July 21-25, 2027

Renaissance Orlando at Seaworld
Orlando, FL

American Conference on Physician Health

October 14-16, 2027

Gaylord National Resort
& Conference Center
National Harbor, MD



EXECUTIVE DIRECTOR'S MESSAGE

TO THE MOON AND BACK

BY JENNIFER RAINWATER
TMF Executive Director

On April 1, 2026, Artemis II traveled around the moon and back. The trip took nine days, one hour, and 32 minutes, and took humans farther from the earth than ever before – 252,756 miles. During the flight, there was a period of about 40 minutes where the spacecraft was on the far side of the moon and lost all radio communications with earth. The crew's reward was a spectacular total solar eclipse and an in-person view of the moon only a few can brag about seeing.

But as I think about those 40 minutes, I believe there must have been a few moments where each astronaut wondered if they would ever see home again. I know these are highly trained, conditioned, prepared professionals, but they are humans, too. No matter how logical, well-planned, or safety-forward the mission is, no matter how many people have traveled in space before, there has to be some element of fear and apprehension. We have a natural fear of the unknown that is impossible to completely reason away. But the people on that mission could feel more confident because the journey to the moon and back had been done successfully several times before.

When a person is first referred to the TMF they can feel confident about the journey they are beginning because there are many professionals who have already successfully navigated the mission of recovery. Just like the astronauts, our participants are never alone – they are

supported by a team of veterans and experts dedicated to helping them complete their mission safely and successfully. The TMF is an entire network of people who are devoting time to helping others. I am incredibly thankful for our Caduceus group leaders who freely invest their time and wisdom every week in support meetings with our participants. And our participants feel the same way! When polled, they ranked Caduceus group meetings as the most important part of their recovery journey.

To all of you who support the TMF with your time, talents, wisdom, and resources — you are part of this team and we could not do this without you. I am humbled by your generosity and your commitment to our mission of *Saving Lives, Saving Careers*. I appreciate you to the moon and back! 🙏

Share your thoughts
with Ms. Rainwater at
jenniferr@e-tmf.org.



Photo credit: Jennifer Rainwater

PRESIDENT'S MESSAGE *(Continued from page 1)*

was no alcohol on their campus. Ha! I drank from the first encounter during freshman orientation.

During the Vietnam War, I enrolled in ROTC to avoid being drafted, and learned the alcohol culture for officers was a little different than for enlisted soldiers. Friday happy hour attendance at the officers' club was expected, and Hail and Farewell ceremonies featured famously potent artillery punch.

In the 1980s, the military drinking culture underwent a paradigm shift. I was in medical school for part of that decade. Medical Journals were peppered with articles about the medical model of alcoholism and the impaired physician. States were creating impaired physician programs; Tennessee's began in 1978, which was the founding of the TMF. I didn't think I needed a program, but the seed was planted for my future recovery. It was a relief to know that I was not sinning or lacked willpower, and that I might instead have a medical problem, but I continued to drink for another 25 years. Meanwhile, the military Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) introduced the term "deglamorization

of alcohol" and sought to eliminate the warrior drinking culture.

As a surgical pathologist, diagnosis of cancer was my quest. When I later subspecialized in forensic pathology, I was faced with the deadly consequences of alcohol and drug abuse: pedestrians struck by drunk drivers, drivers over the limit ejected from their automobiles, and two deaths from delirium tremens. There, but for the grace of God, could be my unglamorous corpse. I was already drinking at work to control alcoholic tremors. My progression was now unmistakable and inexorable. Like Scrooge, I was given a vision of the future if I didn't mend my ways.

Not long afterward, I surrendered to my bosses and began my journey to sobriety and engagement in the substance of life.

The reality is clear: Alcohol is not glamorous. 🙏



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CHANGE OF ADDRESS

Please let us know your new address when you move.

Thank you for helping us keep in touch!



Linked

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LIFE CAN BE STRESSFUL AT TIMES.

Whatever you're struggling with—family pressures, work, relationship issues, grief, stress or financial concerns—it is easy to get overwhelmed without an idea of where to turn for support.

The TNPSQ is a **SAFE AND SECURE ONLINE TOOL** now available to health professionals in Tennessee, both licensed and in training: physicians, PAs, chiropractors, veterinarians, podiatrists, optometrists, x-ray technologists, clinical perfusionists, respiratory therapists, pharmacists. **It's as simple as:**



CLICK • CONNECT • CHAT

Visit the link below to take an anonymous mental health screening and find resources nearby.

TN.PROVIDERWELLNESS.ORG