



Season 3, Episode 5, “Warrior Heart, No Stigma,” Dec. 6, 2022

Gen. Mike Minihan: You know, just a simple picture of my real calendar, and it was a real appointment, which simply said "mental health appointment," and it went on Twitter. And then, you know, I think it's fair to say that, you know, it kind of kicked off in a pretty strong way and, you know, started perhaps the most terrifying three days of my life.

Kurt Greenbaum: From Olin Business School at Washington University in St. Louis, I'm Kurt Greenbaum, and this is *On Principle*. We don't often talk about leadership in an organization where your ability to keep your head in the game can have life-or-death consequences. Today's guest can talk about those consequences. As a career member of the US Armed Forces, he's had a front-row seat for some of the most horrific episodes on the world stage over the past three decades. But as you'll soon hear, he was personally challenged to confront an issue of paramount importance to his command and the US military. He just needed a little time. See, after everything he'd been through, it never occurred to him that it would take that much courage to write four words on Twitter and push the send button. Can you tell us your name and what you do?

Gen. Mike Minihan: Sure. My name is Mike Minihan. I am the commander of Air Mobility Command. I have the wonderful honor to hang around about 110,000 total force airmen from active-duty guard, reserve civilians, certainly, their families, their dependents, the retirees. We operate about a thousand airplanes as we get after the mobility of the nation, if you will, for missions worldwide.

Kurt Greenbaum: Now, I'm going to jump in here again to mention what Mike didn't say during our conversation. He didn't mention that he's actually a four-star general in the U.S. Air Force. And yes, that's why he has more than 100,000 individuals under his command. He joined the Air Force in 1990 after being commissioned in Auburn University's ROTC program, and he's steadily risen through the ranks, from second lieutenant to general, earning his fourth star when he took over leadership at Air Mobility Command in October of 2021. Scott Air Force Base, about 30 minutes outside of St. Louis in rural Illinois, is where he calls home. But his command encompasses more than 100 locations around the world and a fleet of nearly 1,100 aircraft. Tell us a little bit about what Air Force Air Mobility Command is. What does it do?

Gen. Mike Minihan: We provide the mobility for the joint force: airlift, hauling people and cargo around the world, certainly. We do aerial refueling. So all of the tankers in the air that refuel fighters to other mobility assets, to foreign nation receivers and assets as well. We do aeromedical evacuation. So all of the, the hospital in the sky,

if you will, that gets wounded or sick, not only critical care enroute, but to higher-level care at different locations. Think Landstuhl, Germany, Brooks in San Antonio, things like that. So we have a structure that spans the globe. We operate all the infrastructure, what we call the GAMSS, all the ground elements that are the enablers, if you will, the enroute structure, the maintenance, the port operations, all those things underneath it. So, those are basically our four mission sets. It takes all of it working together to make it happen. You know, I'm an Air Force brat. I moved 11 times as a kid. I went to four different high schools, graduating in Austin, Texas, the son of a 30-plus-year Air Force officer, bomber pilot, World War II, Korea, Vietnam vet.

To a certain extent, I'm doing the family tradition, but I have always wanted to serve in the Air Force. I'm executing plan A, I didn't have a Plan B, my grandfather told me flying stories on the foot of my bed as a kid, and so I wanted to be an Air Force pilot, and I've had the good fortune to be able to get after that. Can't imagine what I'd be doing if I hadn't had the good fortune to be a pilot in the United States Air Force. Certainly, I'm heavily informed by the post-Desert Storm experience, the deployments that continued for the Air Force in Saudi Arabia, Bahrain, operations in Africa, certainly Bosnia and Kosovo. For me, as I was stationed in Germany during the time when those were at the height of the humanitarian operations, those heavily shaped me at a young age.

I was in the Pentagon on 9/11, front-row seat to the beginning of those operations. I've done two tours in Korea, a total of four years and three jobs on the Korean Peninsula. I've done two tours in INDOPACOM, which is the joint headquarters for the Pacific AOR, which is about five years total and three jobs. And then I did a tour of the Pacific Air Force's headquarters, so I'm heavily influenced in my later years.

Kurt Greenbaum: At this point in our story, let's zero in on a particular episode that occurred shortly after the general took over Air Mobility Command in 2021. He's at a leadership conference with some of his wing commanders, and they're talking about their responsibility to prepare their airmen for the big fight, to maintain and promote that readiness at all times, and the need to build the resilience and the culture and the attitude and the durability they'd need when the time comes. And then, during a break at the conference, a retired chief master sergeant approaches the general. He lays down a challenge the general, frankly, wasn't prepared for. But as you'll hear, it's a challenge that speaks directly to the general's sense of duty about supporting his people. And it speaks directly to an astonishing problem facing the US military today.

Gen. Mike Minihan: It's incredibly important that a headquarters that I'm in charge of view themselves or itself as supporting the airmen on the line where the mission and the people meet. So I view myself as supportive of wing commanders. If I can make wings successful, then the wings in the field can make their squadrons successful. And so, when I took over command, my first set of meetings were with wing commanders. My very first meeting was with wing commanders, and I

essentially told them about four things. The first was, thank you and your families for what you do. The second one is, I expect that you know your mission, and you're leading well. The third was get ready for the big fight. And the fourth was let me know how I can help. You know, after the change of command, after the dust has settled a little bit, you know, we're essentially focusing on two things. One, getting ready for the big fight. And two, are we building the resilience and the culture and the attitude and the durability needed from our airmen to get after that big fight?

I was challenged by our retired chief, Chief Brinkley, and a Dr. McCauley. Now, you know, and he basically said, he told me, he goes, hey, if you really cared about getting after mental health, sir, you would put a mental health appointment on your calendar and show everybody. Took me a couple of months to generate the courage to do that, but I put it on my calendar and I realized that only a handful of people could see it, my close staff. And so, I asked the team of pros here to take a picture of the appointment, put it on my Twitter account, which simply said "mental health appointment." And, you know, started perhaps the most terrifying three days of my life.

Kurt Greenbaum: Yes. It was a terrifying moment for the general, and he'll talk about why in a moment. But here's what else he knows. And he brought it up in our conversation. Military suicide rates are a national emergency. In 2021, researchers from Brown University and Boston University published a study on the issue. They noted an increase in the average suicide rate among the US general public over the past 20 years. But they also said that rate has grown faster among active military personnel and veterans. And consider this: the researchers estimated that since the attacks on 9/11, more than 30,000 active-duty personnel and veterans have died by suicide. That's more than four times higher than the number of service members killed during military operations in the same period. This retired chief comes up to you at our leadership conference. And he says, "General, if you really want to help, you need to put a mental health appointment on your calendar and let people know about that." Can you talk about why that was important to him?

Gen. Mike Minihan: You know, so I think if chief were in the room next to me right now, he'd say it was born out of frustration, perhaps born out of ... of an appreciation that it's not just a matter of saying something, that it's a matter of doing something. That it's perhaps easier to talk the talk. But when it comes to walking the walk, it's a whole new level that gets after the things that we need to get after. So, you know, the reason the chief was in the room and Dr. McCauley was in the room was because there were people that I have had experiences over my career that I could trust them, you know, to hold me accountable to this thing. So, you know, I think the conditions from the chief if he were here, he'd say, hey, you know, it's frustration. There's a level of violence and a level of warfare that even though any level is horrific, you know, that the magnitude of what might happen is at a scale that we need to be prepared for. And it's going to require some bold action that perhaps goes in places that we haven't done lately, or at least in a, in a couple of

generations. So, I'm not by nature someone that participates in the social media. So, it's a big deal for me to do this. It said, "no stigma, warrior heart."

Kurt Greenbaum: What was your feeling as that went out? And then, can you talk about why it was so terrifying and what happened after that?

Gen. Mike Minihan: You know, the reaction was almost instant. So I sent it out in the afternoon. I go to bed pretty early. So I went to bed about 8 o'clock. Woke up the next morning and saw that it was certainly kicking off. It was like, oh, my goodness, what's happening here? And, you know, there was certainly a lot of great comments, but there were certainly some comments as, as social media tends to have, some that aren't so good. And my natural instinct not to go down rabbit holes that are unhealthy, you know. So, that's what I would describe as the terrifying part, is the amount of audience, the "did I expose myself too much?" As with the original mission that Chief Brinkley gave me, you know, the intent is to move it forward. What I thought I was doing for my airmen, I found out I was doing for myself.

Kurt Greenbaum: The general sent that tweet on January 28th, 2022, just before 4 o'clock in the afternoon. And as he described it, the tweet included just four words: "warrior heart, no stigma." It also included a picture of his calendar four days into the future on February 1. It looks like a busy day with back-to-back meetings starting at 8:30 in the morning. But most of those meetings have been blurred out in the picture. Only one, the one at 1 p.m. is legible. It says "mental health appointment," just like the chief had suggested. When I last looked at this tweet, it had more than 16,000 likes and had been retweeted more than 1,400 times. I know this is a little bit of an impertinent question, but I assume that scheduling a mental health appointment and publicly announcing it has to be done authentically. And so, I wonder if you're comfortable characterizing in any way why you made the appointment for personal reasons.

Gen. Mike Minihan: Turns out when you're in the Pentagon on 9/11 that there are some things you probably need to talk about when you have responsibilities as commanders, and you're participating in combat operations, that there are things to talk about. And I think I'm better for having the benefit of doing it. You know, you can't participate in the operations that our country asks us to do without addressing mental health, just like every other part of our health. It's just health. The first thing that happens when you're a general officer is, of course, I get the appointment. I'm a general officer. You know, and not everybody gets the appointment. You know, I got it instantly. Others have to wait weeks and months. And I did not want to come through the back door, that I was going to walk in the entrance everybody else does. And I was going to ride the elevator to the part of the hospital where most people don't go. And I was going to sign into the mental health waiting room and sit among the other airmen and family members that were receiving care that day. You know, I've always been, you know, hey, leadership has got to be genuine, you know? You know, airmen will see through lack of genuineness. Seeking help is not a sign of weakness. It's a sign of strength. The spiritual pillar, the mental pillar has to be

incredibly strong. But I could not in any magnitude understand what it meant for an individual to really step forward and seek that help until I did it myself.

Erik Dane: What really struck me here was, you know, the question being how can a leader kind of promote an environment in which vulnerability is ... is not only tolerated, but, but embraced? And again, sort of authenticity itself being one of our cardinal principles. So, one thing that struck me would be it's really critical to kind of respond in real time to these expressions of authenticity as positively and supportively as possible, because people look to the leader, not just in terms of what they say, but, you know, where the rubber meets the road is. How do they actually respond?

Kurt Greenbaum: That's the voice of Erik Dane, my colleague at WashU Olin Business School. He's an associate professor of organizational behavior. And, as he'll tell us, his work centers on a subset of the discipline, a subset I find just fascinating. He's taught internationally and been invited to share his work at universities in the UK, Denmark, France and here in the States at Harvard University and Wharton Business School. Tell us a little bit about your area of academic focus.

Erik Dane: Sure. I'm interested in managerial cognition, how managers and workers more generally think and solve problems and make decisions and focus their attention at work. So that puts me squarely in the middle of what's called the study of managerial and organizational cognition. I think a more intriguing way to put this is that I'm interested in concepts that often strike people as being sort of slippery or even mystical in certain ways. I've done research looking at the concept of intuition in terms of gut feelings, in terms of what these are and when we should put stock in them. I've done a fair amount of research that we might talk about, looking at the concept of mindfulness and the flip side of that, of that same coin, mind wandering.

And as of late, I've been doing a lot of research on the topic of personal epiphanies. So self-insights, these sudden realizations we have about ourselves, as we travel through life as a whole, and as we travel through our careers. And so I'm really interested in these sort of revelations we have into who we are and why that matters from a work standpoint. Cultural change is difficult, maybe the most difficult type of change to effect as a leader, but it's precisely what he's trying to do and with good reason. And so, the idea over time is that, you know, pretty much everyone buys into this value system that he is incorporating in this area. To the example, you actually want people to immediately commend this news when it surfaces. Right? Good for this person to be working on themselves, right? That means we can doubly trust them when they report back to work.

Kurt Greenbaum: We're talking about overcoming a cultural norm that is perhaps unhealthy for the organization. And even he had to spend weeks talking himself into doing this, and then was terrified.

Erik Dane: Right.

Kurt Greenbaum: I think the word he used ...

Erik Dane: Yes.

Kurt Greenbaum: ... when ... when he actually posted the tweet.

Erik Dane: It was more challenging than he anticipated, even talking about feeling vulnerable. He parked his car at an obvious spot. I was curious to know whether, you know, it was just that one appointment or whether there were repeated appointments. And it sounds like he did go a number of times. And, you know, I'd be curious to know if he continues to go. Given that he is, in fact, trying to lead by example and doing what I think is a very good job to that end, the fact that he's willing to share some of these details, again, is an act of leadership in its own right.

Kurt Greenbaum: Mental health, not your area of expertise, but I'm sure you've observed that topic is pretty front and center right now in the conversation ...

Erik Dane: Yeah.

Kurt Greenbaum: ... in workplaces and in the context of sports performance and whatnot. Are you hearing it talked about more in the context of business in healthy workplaces?

Erik Dane: Yeah. I mean, I think this conversation is certainly all around us in society and certainly in the workplace, and with good reason. It's something we talk about on campus as well. And it's a topic I discuss in various ways in the mindfulness class that I mentioned. With that said, we might still not be talking about it enough. And I think the challenges that we're up against are ones that surfaced in your conversation with the general, because on the one hand, health is health, but on the other hand, you know, at least if you adopt the perspective of an older generation, mental health challenges are still stigmatized. You know, for some, they're a sign of weakness. That's obviously very unfortunate. I mean, it just a quick Google under search words like "anxiety" or "depression" or ... the fact is people are on edge, you know, perhaps more than ever these days. It's quite an unsettling state of affairs. And, you know, these are mental health issues that we're wrestling with as individuals and that we're wrestling with as a collective society. So I certainly think we need more dialogue in this space and it has to be substantive dialogue, not merely symbolic.

Kurt Greenbaum: The employee, the team member needs to understand that they can be their authentic selves. That sense of how well is the organization valuing my well-being, I assume, plays into the feeling that I have of how well I can be who I am.

Erik Dane: Yeah, so that's the connection I had in mind when we were talking before about the sort of interplay between mindfulness and well-being and authenticity. Right? I mean, if I'm dealing with some real challenges behind the scenes, I do think it's an authentic expression to share those to the degree that I'm comfortable. And I think that's a really important caveat here. I think when people hear there's this push for authenticity, you know, some people get quite nervous. They say, well, I don't like to share a whole lot about myself. And frankly, that's actually my kind of wiring as well. I try not to make the world all about me. So it's a matter of people's comfort zones, right? This should not be some sort of obligation to share anything and everything. And by the way, if somebody's authentic self is, they're kind of a jerk, well, that doesn't necessarily need to be top billing or top priority above sort of decent human interaction, for that matter. But yeah, I mean, the fact is that if people are really dealing with challenging situations, they could have things happening at home that could be attending to medical situations of their own or with family members, say, you would hope that in a workspace, there'd be some people that they would fully trust that they could share this with if they're in need of support. So, yes, I see this is directly tied to authenticity itself.

Kurt Greenbaum: You went through with the appointment. You were clear with everybody that I want to be very public about this. In what way did you see results from that?

Gen. Mike Minihan: The first results I saw were in me. First of all, you're with a professional that does this for a living, and it's been a very easy evolution. And I don't mean easy in terms of that there weren't tough things to talk about. They're designed, like all of our health professionals, to get after and to ask the questions that illuminate and help instantly. And so I found it very invigorating coming out of my session, and *sessions*, and not only in terms of what it was doing for me, but how it was helping me frame now with my commander hat on, how we were going to get after the entire echelon below us to do exactly what I want to do. I want to eliminate the stigma. I want to lower the barriers. And I want to increase access when it comes to this.

There's a tool called a "Mind Gym" that we're bringing into some of the bases that are coming on to the base here so that we can use technology to strengthen that mind part and to stop treating it like an emergency room every time. We're also looking at this group counseling. We often treat this as an individual issue, and it's hard for that individual to get forward and ask for that help. But I think that we can come out of the hospital into the units and do more group settings that's demonstrating to the group that this is OK, but there might be some connection at an individual level that we normally wouldn't get. That will, again, lower that barrier, if you will, and bring them into the care that they need.

Kurt Greenbaum: What was the reaction from your peers and from your superiors?

Gen. Mike Minihan: You know, any time you step out, there's risk. There's personal risk. There's professional risk. Almost instantly, I received a message that said, "Sir, I woke up, I saw your tweet. I cried in my wife's arms. I'm going to make the appointment on Monday to get the help that I need. And I can't thank you enough for what you just did." That's not a comment on me. That's a comment on the stigma, the barriers and the access. And I would say that continued and continues. I'll read a couple of emails to you. This is one after the tweet. Hope you and the family are doing well. I just wanted to say thank you— "thank you" in bold, with an exclamation point. For the past 10 years, I have been dealing with some traumatic stressors that I kept inside and didn't even tell my wife. However, I saw the article video that you shared about you having the appointment with mental health. Because of that and for the respect I have for you, I scheduled time to go to mental health myself, and it took me a lot to do that. As to date, I have completed four or five sessions, and it's going well.

Think about the 10-year stigma and barrier that gentlemen had. Think about the release and the good place he is now on that important mental pillar, and what it took. It's a sign of strength. It's not a sign of weakness. All the traditional ways of messaging this. And it took the action. It took the action of a senior leader to finally get that over to where it needed to be. So your question goes back to the journey that has happened since. Every time I think that tweet has run its course, I get an email or a meeting or a pull-aside or, you name it, that just says, "Hey, thanks for doing that. It really meant a lot for me." And what you discover is once you step over and stop treating it like the emergency room, that the true freedom occurs.

Kurt Greenbaum: Warrior heart. How does that manifest itself on the base in your command? I mean, is this just a Mike Minihan-ism or are there posters on the wall? I mean, how does that play out?

Gen. Mike Minihan: Warrior heart, to Mike Minihan right now, is establishing a culture in this command that eliminates stigma, lowers barriers and increases access to mind/body/craft. And right now, the mind part is the most challenging and most critical. I don't think an airman or the family of an airman cares about what we call a program. All they care about is that it exists and it's reliable and they have access to it. I call that meaningful support. Does it have money? Is it resourced? Is it accessible? Will someone pick up the phone when I dial the number? When I click on the link? Does the link work? When I get someone on the other line, do I got to wait a day, a week or two months? So this meaningfulness is incredibly important. So you won't see a lot of posters about this. There's a great retired brigadier general named Robin Olds. He says, "Don't base your leadership on slogans." You know, the most meaningful thing we can do is actually put the walk behind the talk and get after these things. So that's where we're oriented here. Getting after the resourcing to make it real. Making sure everybody knows that they exist. And then treating it with what I led off with. This is about leading ourselves. This is about leading others. And it's simply health. And my job as a major command commander is to set the echelon below me for success.

Kurt Greenbaum: That's all for today's episode of *On Principle*. Many thanks to General Mike Minihan for his candor and openness about this challenging issue. Thank you also to Erik Dane for his additional insights around the leadership issues this story raises. If suicide is an issue you or a family member grapples with, please visit our website, where we'll include links to resources in the show notes for this episode. We'll also include a link to the general's tweet from January 2022, along with some news coverage published afterward. And we'll have more background information about Mike Minihan and Erik Dane. You can find all that along with past episodes of this podcast at *On Principle* podcast dot com. Meanwhile, don't forget to subscribe to *On Principle* in your favorite podcasting app so you get updates when new episodes drop. I also welcome comments, questions or episode ideas by email at Olin podcast at W-U-S-T-L dot E-D-U. That's olinpodcast@wustl.edu.

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