



How I Lead as Area Mission Medical Advisor | An Interview with Bryan Murray

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Speaker 1 00:00:04 Have you ever tried to help youth with their mental health? Wowza. That's a tricky road to travel. I have to tell you about an inspiring presentation we recorded with a one and only Jody Moore. Yes. That life coaching Jody Moore. A few years ago, she recorded a fantastic presentation covering topics like normalizing tough feelings with youth, a more positive understanding of stress, how to minimize shame, and mastering the skillset of empathy and better understanding anxiety. I want you to see this presentation as soon as you finish this podcast episode. You can go to leading-saints.org/fourteen, and this will get you access to the entire video library at no cost for 14 days. Jodi's presentation is in the Mentally Healthy Saints library, and you'll be a better leader or parent when you finish it. Again, go to leading-saints.org/fourteen or check out the show notes for the link.

Speaker 1 00:01:25 So my name is Kurt Francom, and I am the founder and executive director of Leading Saints, and obviously the host of the Leading Saints podcast. Now, I started Leading Saints back in 2010. It was just a hobby blog, and it grew from there. By the time, uh, 2014 came around, we started the podcast, and that's really when it got some, uh, traction and took off. Uh, 2016, we became a 501(c)(3) nonprofit organization, and we've been growing ever since. And now I get the opportunity of interviewing and talking with remarkable people all over the world. Now, this is a segment we do on the Leading Saints podcast called How I Lead, and we reach out to everyday leaders. They're not experts, gurus, authors, PhDs. They're just everyday leaders who've been asked to serve in a specific leadership calling. And we simply ask them, how is it that you lead? And they go through some remarkable principles that should be in a book that should be behind a PhD. They're usually that good. And, uh, we just talk about, uh, sharing what the other guy's doing. And I remember being a leader just simply

wanting to know, okay, I know what I'm trying to do, but what's the other guy doing? What's working for him? And so that's why every Wednesday or so we publish these how I lead segments to share.

Speaker 1 00:03:06 All right, we're jumping back into a how I lead episode. This was quite unique. This is a calling that never have I ever done an episode about this. It's the area medical missionary advisor. I dunno if that's like the exact technical term, but I interviewed Bryan Murray, who went to the New England area, Boston, Massachusetts, and spent some time at all. You know, he's a medical doctor, right? Spent some time, uh, with a variety of missions, helping them with, uh, you know, giving his medical advice for the area for missionaries and, and medical needs, right? <laugh>, I feel like I'm just saying the same thing over, but yeah. And, uh, so I sat down and talked with Bryan and just so interesting to hear the dynamics happening behind the scenes. Things that go into, into account for, you know, the, the health of missionaries, their mental health, their, whether they should stay or go home, and the thoughts and process goes into that, how the mission president is involved.

Speaker 1 00:03:59 And, uh, just really inspiring to hear about these different missionary opportunities. And so, you know, this is definitely available for, for those out there with a medical background. There's a variety of opportunities to serve in the church, you know, on a full-time mission to help, uh, medically, but really for anybody, uh, Bryan talks about just that, uh, the blessing it was to, uh, you know, just jump in and, and serve and, and, and use your talents to, uh, bless the church in, in whatever way that, that they can, uh, benefit from it. So, oh, and I should also mention that Bryan has also started a podcast in his ward inspired by the Post that I did, uh, a while back. We'll link to it called Why Every Ward Needs a Podcast, and he's had been having a great time with his wife recording living histories in their ward as they get to know each other and their, their background and, and their faith development. And so hopefully that'll inspire you a little bit there. So let's jump into it. Here's my interview with Bryan Murray. Today I get the opportunity to chat with Bryan Murray. How are you?

Speaker 2 00:05:27 I'm doing great. Thanks Kurt.

Speaker 1 00:05:29 Yeah. And you're in, uh, Washington State, is that right?

Speaker 2 00:05:32 Yeah, Anacortes, Washington. That's right.

Speaker 1 00:05:35 Very good. And you just returned, I mean, I guess a few months ago. It's been about six months since you returned from your mission. Maybe tell us what the mission was about, where it was, all the details.

Speaker 2 00:05:45 Yeah, so we were serving, uh, in the Boston, Massachusetts mission. And, uh, we returned about six months ago. Um, I was assigned, um, primary, my primary assignment was as area medical advisor to the Northeast area. So, uh, we had responsibility from a medical standpoint for six missions in that area, the Toronto mission, the Montreal Mission, the Manchester New Hampshire mission, the Boston Mission, uh, Syracuse, New York Mission, and the New York City mission.

Speaker 1 00:06:19 Wow. So lots of travel then, I would imagine,

Speaker 2 00:06:23 <laugh>. Yeah. So we, we did travel. Um, um, most of our meetings were on Zoom, but we did, we did feel, you know, the need to make that connection personally with, uh, the people we were meeting with. So we would meet with the mission leaders, um, and the Mission Health advisor, which is usually like a nurse, uh, and a, and the family services therapist. We meet with them monthly with the Mission Health Council, and we, we found that it was best if we could establish those personal relationships with those people so that they would, uh, it would make those meetings go better. I think, uh, we kind of got a level, level of trust when, uh, you could meet them personally. So we would travel around initially to all the different, uh, missions and meet them. And then whenever, whenever a new, uh, person came, like a new nurse came, or a new mission president came, we would go out and visit them again. So about every six months or so, we would go and visit the different missions.

Speaker 1 00:07:25 Wow. And what's your, uh, what's your medical training?

Speaker 2 00:07:29 So, my specialty, uh, is internal medicine, uh, which is adult primary care. And most of my career was I was, I worked in the hospital as a hospitalist.

Speaker 1 00:07:39 Oh, wow. Interesting. So, uh, what's the story leading up to you deciding to go on a mission and, and, uh, you getting the call and all that?

Speaker 2 00:07:48 So we, um, my wife and I had, have always wanted to serve a mission. You know, we've kind of been talking about it since we got, since we got married. This is something we wanted to do. I had served a mission as a young man in, in Japan, and Sendai, uh, my wife Kristine, uh, did not serve a mission when she was younger, but we always wanted to serve together. So it was kind of a goal. Um, and as we kind of, um, got near to my retirement, um, we had the opportunity to, uh, to not work anymore. And so we said, okay, let's, let's do it. Let's go on the mission. And, you know, I, um, I did not want to serve a medical mission. I, um, <laugh> I was reluctant, let's say, to serve a medical mission. Okay, alright. <laugh> whole life. And I just, I didn't, didn't necessarily want, wanna do that.

Speaker 2 00:08:36 And so initially that was our stipulation was, well, we'll, we'll do anything, but we don't wanna do a medical mission. And then for some reason, I started thinking about it and I, as I pondered, I thought, you know, uh, you know, this is my talent, this is my gift. And, uh, not everybody can serve as a medical advisor. So I said, okay, I'll, I'll do this. If, if they need me, I'll do it. So I, I kind of feel like a, a level of consecration that, okay, yeah, I'm gonna, I'm gonna do this, um, and, uh, I'm gonna volunteer. So that's what we did. And it, it was interesting. You, you know, we weren't sure quite how to, you know, how to go go about this because it's not like you just, uh, go on the website and say, I wanna go on a medical mission.

Speaker 2 00:09:15 You know, we had to kind of find the right people to talk to. So we, I called Salt Lake and talked to somebody and they refer me to somebody. And so pretty soon I got on the phone with, um, uh, Weatherford Clayton's secretary, and the time elder Elder Clayton was the, um, 70 over the missionary medical department. And he's the one that

ultimately, uh, kind of interviews you. So he had a, we had a Zoom interview with him and he explained what, uh, the assignment would be. And, um, and then he actually, they have a list of places where you, where you can serve. Um, and so you can kind of pick, uh, out of those places depending on what time of year you wanna go, when you wanna go, kind of can kind of pick where where you wanna serve.

Speaker 1 00:10:01 Wow. So did you, did you lean towards, uh, Boston? Is that the place that looked the best on the list?

Speaker 2 00:10:07 So <laugh>, well, we, um, there were, there were several, you know, south American, uh, opportunities and ne but neither of us speak Spanish, so that really wasn't gonna work for us. So we had the, at the time we wanted to serve, we had the choice of Orlando, Boston, Oakland, and also Mongolia. And for some reason he kind of discouraged us from going to Mongolia. He said, that's really cold. You don't wanna, you don't wanna go there. Okay, we don't wanna go there. And, uh, my wife grew up in Connecticut, so she, um, she chose, uh, to go to Boston.

Speaker 1 00:10:39 Nice. So, you know, my parents served in Mongolia and they can confirm it is extremely cold. So <laugh>,

Speaker 2 00:10:44 What did they do there? What was their assignment?

Speaker 1 00:10:47 They were over the Perpetual Education Fund, uh, processes there. So yeah, they had, but they had a great time even, uh, in spite of the cold. So <laugh>, so it, it maybe help us understand, I mean, mission medical, you kind of, you know, most of us who serve missions, you know, people get sick or really sick or get hurt or, I mean, how would you describe just the type of cases you're dealing with? Obviously, if they get to some extent or they cross some line, then it's like, Hey, you know, we need to send you home or take a, take a a brief period away from the mission, uh, until you get healed up. So, I mean, how would you, uh, articulate what's, what's happening in Mission Medical?

Speaker 2 00:11:25 Yeah, so it's really a very complex, uh, system and it's very rebo robust and a lot goes on behind the scenes, of course. So each mission usually will have a mission health advisor, which is usually, uh, a nurse. Sometimes a doctor will fill that role and, and their role is to work, you know, daily with the mission president. And they field the phone calls from the missionaries that are, have, you know, everyday sicknesses and they help them, you know, make sure they get the care that they need. Now that's in the, in the North America, in, in, in most other countries, like in South America and Africa or wherever, the missions don't usually have a mission health advisor. And often the mission president's wife or somebody else in the mission is kind of just given that role as the quote mission nurse, and they field those phone calls from the missionaries and, and do the best they can.

Speaker 2 00:12:18 Um, so we're really fortunate in the United States to have, um, you know, really good healthcare personnel who, you know, have dedicated this time to serve as, as medical missionaries. In my time as the area medical advisor, two of our missions were actually,

um, their mission health advisors were actually physicians, so they were MDs. So that's, you know, even a, even a better thing. So they take care of the everyday things, the, um, and they kind of triage, okay, which, which, which, who needs to go see the urgent care? Who needs to go see the, the emergency room? And if they have questions on the level of care that the missionary needs to have, then they'll call me as the area medical advisor. So I, I kind of advise them on how to make sure the missionary gets the best, best care possible. When I'm, when the, when a missionary gets, you know, sick or gets a diagnosis that's very significant, then we come, I become more involved, uh, depending on, um, you know, what the, what the case may be.

Speaker 2 00:13:17 If it's a, a severe injury they get in the hospital, we try to keep in contact with the, the providers there and provide, we, we kind of are a resource to the mission president to, you know, make sure that they understand the severity of the illness. 'cause they're the ones that are gonna make that decision whether or not the missionary needs to go home to, to recover or, or, or what. Um, there's also just a huge amount of, uh, resources in Salt Lake. Uh, we have a, a long list of medical professionals who are actively practicing medicine that, that volunteer to, uh, take my calls. So if I had a question on, on a case and I had several, I would just look the list out and say, okay, who, I need a neurosurgeon, so who can I call? And I would call them up and I would say, this is the case, you know, what do you think?

Speaker 2 00:14:06 And, and it was so nice. They would, you know, they would drop what they were doing during the day and they would, they would talk to me. I, I felt really, I felt really special that they would, that they would do that. And the other thing is that they were very well connected. I, we had a, a case of a very severe injury in Boston, and I was talking to the neurosurgeon in Salt Lake in, in consulting, and he said, well, who's, who's this neurosurgeon in Boston? I said, I told him who it was, and he said, oh, I trained with him. And, you know, he, he had a connection with him already. So that was just nice. We have those that, that kind of resources available. Yeah.

Speaker 1 00:14:36 You know, we, we always talk about, uh, you know, Dr. Nelson is the, is the world renowned surgeon that he was. Uh, but to realize that there's many Dr. Nelsons that are actively practicing, right. That are, are very well respected surgeons or doctors and, and to know that these networks exist and that you, you know, that the church comes together and, and leans on each other for their expertise. That's, that's really inspiring.

Speaker 2 00:14:58 Yeah. It's, and it's very comforting and, you know, um, missionary moms need to know that their, their sons and daughters are, are being well taken care of out there.

Speaker 1 00:15:08 Yeah, that's great. That's great. And then, um, was there a, a lot that, uh, there were there instances where missionaries maybe were dealing with something, um, medically, but they were able to stay on the mission that they just had to alter their, their assignment or the way they served?

Speaker 2 00:15:24 Yes. And so, um, you know, some missionaries, you know, uh, would spend, you know, maybe a, a a short, short amount of time in the, in the hospital for an acute,

like an acute appendicitis, for example. We had a few of those mm-Hmm, <affirmative>. Um, and, um, they would, uh, con convalesce and the general rule, if they can, um, be back to normal missionary activities within two weeks, then they'll usually keep them in the field. If it's gonna take longer than two weeks, then they usually will need to go to go home. But those are, those calls are made by the mission president. And he, you know, he weighs in all factors of how the missionaries serving, what their home life is like, and all different factors. And I really came to respect that they, that they hold the keys. You know, my, my job is to advise them, and what happens after that is, is really up to them. Yeah.

Speaker 1 00:16:13 Yeah. And did your work, uh, did you work a lot with the mental health as well? Or did, were there other practitioners that, that dealt with the mental health stuff?

Speaker 2 00:16:23 So, um, yes and no. So, um, we, we dealt with mental health because it, it's, it's the, uh, predominant problem that we, that the mission, uh, health council deals with. So, but each mission in North America has a full-time, uh, family services therapists that sees missionaries, and sometimes that's all they do is see missionaries. Um, so when we would have our health councils, you know, once a month, um, you know, probably about, you know, 75% of the missionaries we talk about were missionaries that we're seeing a therapist for one reason or another. And so most of the time a missionary comes out and they're just not accustomed to, you know, the new missionary life. And so the first step is that, you know, they start, they struggle. And so the missionary will be advised to review, uh, adjusting to missionary life, which is, uh, something that they receive in the mtc, and most of 'em don't read it, but once they start reading it, a lot of 'em would, will, that will be helpful for them. And if that's not helpful then, and they still struggle with anxiety or other issues, then the mission president will okay, some visits with the, with the therapist. And usually they'll visit two or three times, and that'll really help them and get them on track. Then there are some missionaries who really have some, you know, pathologic, you know, clinical problems that need ongoing treatment and, and, and they get that as far as they can do that in the field, but there are some that need to go home. Yeah,

Speaker 1 00:17:58 Yeah. And were, I mean, you would make your recomme recommendations to the mission president, and then you would, maybe you'd find out later if these, you know, that the missionary state or went or whatever. What did you, were you ever in the details, because I'm just thinking as far as like the, the parents are suddenly heartbroken that, you know, oh, he's all right. You know, just have him walk it off or, you know, maybe have him <laugh>, you know, just put him on a, a cot for six weeks and then you don't need to send him over. It was, did, did you ever get into those dynamics and, and what could we learn from that?

Speaker 2 00:18:26 Yeah, so the, yeah, thankfully the mission president will, would deal with those dynamics, the mission missionary families. Um, you know, the, the one tool that that we have that was used quite effectively was, uh, the service mission. So some missionaries just weren't healthy enough, either physically or emotionally to serve a siding mission. And so they were, were then offered, okay, you probably need to, to go home to get treatment, but while you're home you can serve as a service missionary. And so, um, that often was used very successfully in keeping the missionary engaged and making them feel like they were

successful. They, they gave their offering was accepted. Um, but there are other ways for them to do the work besides being a pro missionary. So, yeah, I think service mission, and it, it kind of, uh, depends on where you're at in the, in the United States. Um, whether or not it's gonna work at home, um, it does require some infrastructure at home with that service mission. Um, and, and some, some areas are more prepared than others, I think. Uh, but it's certainly a good opportunity for young men, young women.

Speaker 1 00:19:36 Yeah. Yeah. Any perspective you could share as far as for church leaders, you know, bishop stake presidents who are working with the missionary and, you know, different health concerns come up during that, you know, the paperwork process, um, maybe you were surprised that <laugh>, some missionaries actually made it out there, or, you know, when they had this or that condition. I mean, any perspective you could share there?

Speaker 2 00:19:57 Yes. Um, um, so, you know, the first advice is be honest. So, uh, some <laugh> we laugh at it, but, you know, a, a bishop's, you know, good and hard thinking, oh, well, we gotta get Johnny out there to serve his mission. Uh, and they may skew the actual, you know, health issues. Okay. That happens unfortunately, that, that they're not fully honest, and it's not just the missionary that's doing it. They're, they're being complicit with sometimes church leaders. And that, I think happens more internationally than, than in the us, but we had it too in the us you just wonder how they, how they got past the screening process. There's quite a rigorous screening process. The applications are screened by, uh, by nurses and doctors. And so if you're honest with, with the process, you know, they're going to, uh, pick it up and, and, and they, and you, you'll be offered, if it's a, an emotional or, or a psychological issue, you'll be offered counseling, uh, with a therapist before you even go out.

Speaker 2 00:20:54 And so usually they know what's, what's up. Um, and then, you know, as far as preparing missionaries, you know, to be emotionally reliant, uh, self-reliant, um, the missionaries who, uh, spend some time away from home prior to going out, like going to school or doing some kind of a trip away from home, being independent, that really is very helpful. Um, missionaries who have a job, um, that, you know, other than working from mom and dad, you know, that actually have a job they have to be accountable for that helps prepare them for missionary life. Uh, mission presidents, especially like the, uh, the farm boys from Idaho <laugh>, they know how to work <laugh>. Yeah.

Speaker 1 00:21:35 Yeah. That's awesome. Uh, so what were, how would you describe your wife's responsibilities during your time there?

Speaker 2 00:21:42 So we, um, we had the assignment as the area medical advisor. That was our area assignment. So, you know, we would report to the mul, mostly report back to missionary medical, but we were under the direction of the area presidency, but we also had a mission assignment. So in the Boston Mission, we were assigned a YSA branch. Um, and so we were very involved with, uh, nurturing those young adults. Uh, so we, as a, as a couple, we taught, uh, institute classes once a week. Uh, we, we played the piano and directed the music on Sundays. That was quite a stretch for us, but we did the best we could. Uh, we, you know, attended their activities, so we were quite involved with other things other than medical, but

during, but to keep, uh, my wife involved with the medical, during the meetings, I would ask her to, uh, take notes.

Speaker 2 00:22:34 And so she, you know, she's a very good secretary typist, and so she would come up with just great, uh, outline of notes of what was talked about during the meeting. And so I would use that to make sure that, you know, things we talked about got done and then, uh, follow up on my reports to Salt Lake, if, you know, this is who we talked about and this is what's going on. And I would refer, refer back to those notes. And it was very valuable that she was just always with me there, side by side in the meeting. So even though I would, you know, take the consult calls on by myself, otherwise she was always involved with me. Uh, and during the Mission Health Council, even though she wasn't, um, a doctor, you know, she would often just offer her advice as a, as a mother or six kids, you know, she had some advice, so she would offer that to mission president. It was often very timely. So it was good.

Speaker 1 00:23:21 Awesome. That's great. So with, with hindsight, do you, I mean, are you glad you, you went the mission medical route? I, I mean, or I mean, any, would you encourage others, you know, with medical backgrounds to do the same?

Speaker 2 00:23:34 I would definitely encourage others to do the same. I think that, um, now, um, I, I really enjoyed the mission, but not just because of the medical. I think that looking back at the mission mission, really the highlights of the mission were the interactions with the YSA and getting involved in their, their lives and helping them, you know, to, uh, advance along the covenant path. Um, those, I think, and, and those relationships are the ones that I can remember the most. But having said that, I also know that I performed a service that was important that I'm sure missionaries and missionary parents and families were, were grateful for. So even though I may not remember all the medical stuff I did, I realized that it was an important part of what I was doing. And, and I, and I, I, I accept that even though it wasn't necessarily fun, <laugh>, uh, it was an important part of being a missionary and it needed to be done. Someone needed to do it, and I was willing to do it.

Speaker 1 00:24:31 Yeah. Well, I think back to, to my mission and, uh, yeah, a lot of it was not fun. But, you know, with hindsight, I'm glad I did it. You know, there's those tough days or you're just going through the motions someday, or man, one more door door to knock on, really. Or, you know, it's like, but we do these things and uh, then, you know, you see the lives that change, the relationships that you're, that are made. It's, uh, a wonderful thing. So. Very cool. Anything else? Any other point, principle concept, just from that mission medical experience that, uh, we need to make sure we hit on?

Speaker 2 00:25:00 Yeah, I think that, you know, pretty much covers the mission medical, uh, just a really robust system that's, um, out there, a lot of people back in Salt Lake on, on the back end that are making it work. And if, you know, if a missionary gets really sick and they need to be evacuated, you know, they're on top of that, you know, they're right there to provide all the services that they need to get the missionary outta the mission. So, yeah.

Speaker 1 00:25:22 Yeah. That's great. So what's, uh, what's next for you? Been home about six months now, have you kind of found your next direction or

Speaker 2 00:25:30 <laugh>? So, um, I, I, uh, I'm not going back to be a doctor, you know, I've decided to, to retire, so no more medicine for me. I, I play a lot of pickleball, so I'm playing pickleball just about every day, uh, except for Sundays. Um, and I also am now, uh, uh, teaching sailing. So we've had a sailboat for about 15 years. And, um, I have my Coast Guard captain's license, and I've just finished some certification to teach, uh, sailing, uh, for people who wanna go out and charter a boat. Uh, there's a certain level of certification that they need. There's, there's three different classes, about a week long's worth of classes that they need to do to certify that they're good enough to rent a 40 foot sailboat on their own. So I do that training and that instruction. I'm just starting that, so that's exciting.

Speaker 1 00:26:22 Oh, wow. That's great. Get you on the water more and more, and it's probably good for your heart, right?

Speaker 2 00:26:27 Yes, very good for my heart, <laugh>.

Speaker 1 00:26:29 That's awesome. Now, I wanna ask you about, uh, you also have, have become a little bit of a podcaster yourself in your ward. Is that right,

Speaker 2 00:26:38 <laugh>? That's right. You inspired me to be a podcaster, so, oh, cool. I, I served as bishop, uh, in this Anacortes ward, uh, from 2016 until 2021. And, um, and after I got released, uh, one of the things that I just, that kind of just struck me was that, that we just don't know each other very well. And we go to church on Sundays and we say hi, and we shake hands and we spend two hours together, but we just really don't know each other very well. On, on, on a, on a general level, there are people who work, you know, in callings. I think the, like, for example, the young men's leaders that spend a week on a camp out, they get to know each other pretty well, but other than that, we don't. And so you had a podcast about why your ward needs a po, why your ward needs a podcast, and I think your angle was more on, uh, a family history, getting people starting on their family history.

Speaker 2 00:27:35 And, and that's kind of our angle also, but we also want it to be so people can get to know each other. So before we left on our mission, we started interviewing people in our ward and just had them tell their life story. And, uh, they, um, we have 'em start from, from the beginning where they, where they were born and, you know, their family growing up and kind of concentrate on their early years and their faith and development over, over the years, uh, before we all knew them. Okay. And these turn out to be like over an hour long, a lot, lots of times, an hour and 20 minutes. It's a long, it's a long thing. And then we would publish 'em about once a month. We, we, we stockpiled about 15 before we left on our mission. So we, we just released once a month until we ran out.

Speaker 2 00:28:20 And then we ran out in, in middle of remission. Uh, Kristine and I interviewed ourselves, and so we had two more to put on the <laugh> on the altar there. And then when we got back, there was a lot of interest still. So we started doing it again, and we've

been doing it since January. We're now having so many people, uh, interviewed that were doing it twice amount. So we've kind of stepped it up and it gets, you know, about, you know, 40 or 50 listens on, on each, on each, um, podcast. You know, it's just meant for our wars. So it's not supposed to go out to the millions of people in the world. But I really think that it has been helpful and having people get to know each other. In fact, I, we interviewed somebody just, just the other day, and one of her comments was, she says, oh, I'm so glad I listened to so-and-so's interview, because now I understand them better said, yes. That's, that's our whole point of what we wanted to do, is to help you understand people better. And so I think we're, we're, at least, at least I feel like we're making some progress there.

Speaker 1 00:29:15 Yeah. Well, that's so cool. I love hearing, you know, I get, uh, hear from people all over the, the world really, or in the leading Saints audience that, uh, that have started these ward podcasts. And it just, I love it because, uh, I, I'm doing that currently in my, in my ward. And yeah, just when you hear somebody's story, just where they come from, you know, their, their background, what they did for work or their faith development, it's amazing what you can, uh, just, you become endeared towards them, you know, you want just, just love them that much more. So, uh, we'll link to that episode and I need to update it because I, I think I found some other tips and tricks that maybe will make it easier on people, but that, you know, they don't have experience starting a podcast, but want to, but you, you'd say, I mean, once you figure it out, it's, it's pretty slick, right?

Speaker 2 00:29:58 Yeah, it was pretty easy. You, your podcast was so good about telling how, how to do it. You know, I, you introduced me to Audacity, um, Spotify for podcasters, and it was pretty easy once I got going and, you know, and, uh, I even have, you know, theme music. Uh, I got permission from the, you know, from the musician to use their music. And, uh, I even have an outro with, uh, sister Beck talking about Zion. And so that's pretty cool.

Speaker 1 00:30:24 Oh, cool. Yeah, I love that. Love that. Any other, uh, nuances that, that you've discovered just in the journey that, that might be helpful?

Speaker 2 00:30:32 You know, the, probably the, the best thing about the podcast is that my wife and I just love sitting down with people and listening to them. It has been one of the highlights of our week is that when that comes up, uh, we get to hear people, even though we might have known them for 15, 20 years, we are finding out things that we just never knew before. And it's been just so delightful. Uh, it's been really a highlight. So, so thank you.

Speaker 1 00:30:55 Yeah. Well, I'm glad, I'm glad that's happening, and we'll link to that episode if anybody else wants to jump in. It's, to me, it's such, it's such an easy calling and it's so enjoyable for everybody involved. The award loves it. Um, so yeah, I definitely endorse that, for sure. Well, last question I have for you. As you reflect on your time as a missionary, as a, as a church leader, how has being a leader helped you become a better follower of Jesus Christ?

Speaker 2 00:31:19 I think that you have an appreciation for those who sit in that chair with that, with that responsibility. So I, I think that I am much more patient with, uh, those who are

leading, I, uh, e easier for me to extend them grace and to be understanding of what they're going through and to be more than willing to support them in their co.

Speaker 1 00:31:57 And that concludes this how I Lead Interview. I hope you enjoyed it. And, uh, I would ask you, could you take a minute and drop this link in an email, on social media, in a text, wherever it makes the most sense, and share it with somebody who could relate to this, this experience. And this is how we develop as leaders, just hearing what the other guy's doing, trying some things out, testing, adjusting for your area. And, uh, that's, that's where great leadership's discover, right? So we would love to have you, uh, share this with, uh, somebody in this calling or a related calling, and that would be great. And also, if you know somebody, uh, any type of leader who would be a fantastic guest on the How I Lead segment, uh, reach out to us. Go to [leading scenes.org/contact](https://leadingscenes.org/contact). Maybe send this in individual an email letting them know that you're going to be suggesting their name for this interview. We'll reach out to them and, uh, see if we can line 'em up. So again, go to leadingsaints.org/contact and there you can submit all the information and let us know, and maybe they will be on a feature How I lead Segment on the Leading Saints podcast. Remember, the Jodi Moore presentation about youth and mental health is waiting for you@leadingsaints.org slash 14.

Speaker 3 00:33:14 It came as a result of the position of leadership, which was imposed upon us by the God of Heaven, who brought forth a restoration of the gospel of Jesus Christ. And when the Declaration was made concerning, the only and only true and living church upon the face of the Earth, we were immediately put in a position of loneliness. The loneliness of leadership from which we cannot shrink nor run away, and to which we must face up with boldness and courage and ability.