



Raymond A. Mason School of Business

WILLIAM & MARY

DIVERSITY GOES TO WORK PODCAST

EPISODE 5: DEBORAH FABIAN – (TRANS)ITIONS AT WORK

Phil Wagner

Hi, friends. Thanks for tuning in to yet another episode of Diversity Goes to Work. Normally, we start our episodes with a fun, upbeat intro. Although today's conversation will be fun and there's some great conversation to be had, we wanted to give you a little bit of a content warning. In today's conversation with our guest Dr. Deborah Fabian, we'll be having some tough conversation. We'll be talking about gender identity, bodies in transition, and there will even be mention of suicide. If these topics sound a little too intense to you, we invite you to disengage this time around. Come on back in two weeks for another episode, as always. Thanks for listening. Hello from the halls of the Mason School of Business here at William & Mary. I'm Phil, and this is Diversity Goes to Work. Buckle up because we're getting ready to take a deep dive into the real human-lived experiences that shape and guide our diversity work in the world of work. Should be fun. Thank you for joining us yet again on another episode of Diversity Goes to Work, a podcast where we center the human experiences of our diversity, equity, and inclusion work. It is a true honor today to speak with an alum and somebody who I have gotten to know quite well over the past few weeks. I'm so excited to chat with her. Joining me today is Deborah Fabian. Deborah, welcome to our podcast. It is truly an honor to have you today.

Dr. Deborah Fabian

Great. It's great to be here, and pretty much I love William & Mary and hoping to get back into the fold a little bit more.

Phil Wagner

Yeah, and we're excited. If you do a quick search on William & Mary's web presence, you'll find Deb sprinkled throughout. Her name is sprinkled in some stories, and she's been involved, and we're excited to get you, I think, looped back in into some classes perhaps this year as well as you head towards retirement. Deborah, tell us a little bit about who you are professionally and what you've done since you've left William & Mary before we jump into our actual recording process today.

Dr. Deborah Fabian

Okay. When I left William & Mary in '71, first thing that happened was I got drafted but then started medical school that fall. Finished up med school, went up to Dartmouth to do a couple of years of residency, then got pulled out to serve my active duty time. Then finished my

orthopedic residency in early '80s and have been in practice in orthopedics ever since. At times with a group, at times solo, and last six or seven years, I've worked for the government at an army base, Fort Polk, Louisiana, and currently at the Gallup Indian Medical Center in New Mexico. So it's sorta been a very professional experience, though, but you mentioned retirement, am two weeks away from-

Phil Wagner

I was going to ask, do we have an official countdown? Two weeks. That is so exciting.

Dr. Deborah Fabian

Well, it's exciting, and it is a little concerning because I started medical school, if you counted, 50 years ago. So this has been my life, practicing orthopedics, so I'm still trying to figure out what I'm going to do when I grow up.

Phil Wagner

Yeah, for sure. Well, Deborah, I hear that the East Coast is a great place to settle post-retirement, and if you need any help in Williamsburg, we've got some great realtors here we'd love to have you close.

Dr. Deborah Fabian

That's my plan.

Phil Wagner

All right, let's see if that comes to fruition. So, Deborah, we're not just talking about your professional journey. We're talking a little bit about your personal journey, too, and I mentioned if you do a quick search in William & Mary's web presence, you'll find a little bit about your story. You've been so forthcoming about that story, and it's such a powerful one. Today, we're really centering the experiences of trans identity, and I'm wondering if you wouldn't mind sharing your story. I know it's complex and spans out over different portals of time, but can you share that story with us here? And part of that story began here at William & Mary, correct?

Dr. Deborah Fabian

Yeah. Back in the '70s and '60s and '50s, when I grew up, the term transgender didn't exist, and when I would go to the library or try to find any information on what I was feeling, the terminology and the descriptions were brutal. So trying to accept that that was part of me back in those days, I found it impossible because the descriptions and the psychiatric diagnoses were. I couldn't live with myself. I covered it up as best I could. I covered it up to everybody else and tried to cover it up to myself, but that really just didn't work. It was always right there. The flip side is I played soccer at William & Mary. I was in a fraternity and did well as a guy. I just had this underneath sense that life isn't good.

Phil Wagner

You've talked a little bit about in some of the conversations I've read. You speak on what it was like to be closeted to yourself. I'm wondering if you can walk us through the process of coming to a sense of self-acceptance. Obviously, that was not a straightforward or easy road, and the time in which you came out again, like you noted, that was a complicated time. While we've made some great strides and trans-inclusion, it hasn't always been just a hotbed of trans equality along the way. So what was it like to work through that internal process of being comfortable enough to own this identity?

Dr. Deborah Fabian

I'd say that I had to overcome a lot of non-self-identity. What I mean by that is in med school, I would read in the psychiatry textbooks what I think it was called transvestitism and transsexuality. And in the psychiatric textbooks, it was terrible. It was a severe. I remember to quote a severe psychiatric condition. This has been written somewhere else, but I'll say it again, when I was a med student, we had a trans patient on the psych ward who had tried to kill herself, and the psych residence basically laughed at her behind her back and said she deserves to die because she's screwed up. I was struggling with my own self and hearing that and decided consciously or unconsciously that I could never tell anybody about it. I got arrested when I was a resident, I was out cross-dressed, and some very long story, but I got arrested. Strip searched, thrown in jail, charges dropped, but I saw a psychiatrist the next day or two days later, and he told me, whenever you feel like you're a woman, or whenever you feel like dressing like a woman, remember yourself in the jail cell kneeling down in front of the toilet, which is what I did to wash the makeup off. So that was mid-'70s-

Phil Wagner

Wow. So I want to be clear here. You were a medical resident. So you had been through rigorous training programs. You've definitely proven your professional qualifications, and on the same flip side, the types of patients that you're evaluating, you're then sort of made spectacle of publicly being arrested for what was known as cross-dressing at the time. This all played out together?

Dr. Deborah Fabian

Right. Yeah.

Phil Wagner

It's almost unbelievable. So this was '60s, '70s. Is that when this occurred?

Dr. Deborah Fabian

That was about '76, '77 somewhere in there. That night I got some pills and looked at them on the dressing table for about three nights. I had a one-year-old daughter at the time, and she saved my life.

Phil Wagner

Wow.

Dr. Deborah Fabian

And that was the '70s. That's what was thought. So I had a tremendous self-loathing that to even get back to neutral took a whole lot of work. To get back to where I could even let alone accept myself, just not want to kill myself.

Phil Wagner

And I'm sure professionally, so as you then phase back into medical residency, there had to be like a complex identity negotiation process, right? How do you renegotiate the identity of who you are to the other medical residents or to your patients or people who are in the know then? Correct me if I'm wrong, Deborah, you started living as Deborah, it was at 61, age 61? Is that correct?

Dr. Deborah Fabian

62 but yeah.

Phil Wagner

Okay, 62. So what's it like? And I don't want to put words in your mouth, but it seems like for some of that journey living in an in-between space. I think we've seen that term used for people coming out as trans where they're moving through the transition process, even in just a public way enacting that identity. What was that like, particularly in those professional spaces to know but to not get there until age 62?

Dr. Deborah Fabian

Right after I was arrested, the only person at the hospital who knew was the chief of surgery, and I think he was embarrassed to ask me about it, and I had just seen the psychiatrist. So I thought I don't have to do this anymore. I'm cured. If not cured, I'm so totally embarrassed and disgusted with myself that I don't need to tell anybody else. I'm good. So there's a very short time when it was the in-between time because that was. How old was I? 30ish or so. I just shut it down completely. Not the need, not the desire, but there was still cross-dressing in total privacy, secretiveness. But going out, telling anybody, absolutely not. It was all internal until the mid-'80s when I couldn't not talk to somebody about it. So I found an advertisement for a therapist who dealt deals. She's now in her 80s, and we're still very good friends, but she dealt with this. The initial process was it wasn't certainly a physical transition. It was a mental transition. So the first number of years working with her was getting over this, thinking I needed to kill myself and getting over the hatred of myself before I could even begin to start accepting myself. I don't know if that makes sense, but there's a pendulum I guess that had to come back to the middle before I could move on. In all this time, I started private practice in '83, so I was very busy at work. What would happen frequently was I could ignore it until I saw and this may sound silly, but I'd see an attractive woman in a dress I liked, and I would go not

into a deep depression, but certainly dysthymia is the word I was taught. It's just low-level depression almost all the time.

Phil Wagner

I can't help but think about. I guess the term would be the emotional labor of carrying that self-hatred. We talk a lot about now, diversity, equity, and inclusion work, about employees bringing their full and authentic selves to work. Your experience is so far removed from that. Did that have any bearing on your professional work? I mean, starting a practice and having a very successful career even up until that point had to be marred, at least in part by the fact that you could not live authentically, perhaps for safety reasons, even at the time. How did that play out in the professional world? Did it have any impact?

Dr. Deborah Fabian

I honestly don't think it affected my personal. I was so good at hiding it and so good at hiding it to myself. Yet, it certainly affected relationships. My now ex-wife, she found out about it early on and just told me you never talk about it, you can't do it, you're disgusting, which is, frankly, why she's my ex-wife now. But I was very, very good at covering it up moving on because frankly, that's what you learn as a surgeon is you haven't slept for three nights, but you go to work. I don't think it ever affected my surgical practice. It affected my ability to be happy.

Phil Wagner

So I appreciate that perspective, and I think it really speaks to some of the experiences that particularly trans folks face that need to separate identity into pieces and segment it certain spaces for safety or for just professional. It's complicated, and I know that the journey has been complicated for you. You've been so forthcoming about that. I'm wondering if we can get closer to that age 62 marker where you did indeed come out as Deborah. What led you to say this is the moment. I am comfortable personally, professionally, socially to really live that authentic life at this point. Can you speak to that?

Dr. Deborah Fabian

Sure. The single biggest thing that happened in the late '80s was meeting my current wife. I met her actually at my therapist's house because I was invited to present transgenderism to a group of women that my therapist was a social group that she was part of. So I came scared to death. This was about '87 or '88, and Leslie, my wife, was in that group, and she describes it differently from how I describe it. I describe it as just being totally afraid of everybody there and afraid of being myself. She describes it as somebody who came wanting to find her authentic self and being willing to be open. So I was still married to somebody else at the time, but we got to know each other and long story and a lot of stuff in there. But we ended up getting married three years later, and she knows everything about me. So being able to be with somebody, certainly in an intimate relationship, but also any relationship, and just being totally out there was a new experience for me. I didn't need to cover up, lie about anything. I wouldn't say she encouraged me to cross-dress, but it was always like, sure you want to, let's do it. Let's go out to dinner. It was never a secret. Again, that was '91, so we just had our 30th

anniversary two weeks ago. So she encouraged me to not cover it up. And gradually she had a lot of friends, turns out I have a lot of friends who cared about me who were happy, felt privileged to know about me. That was a slow process, and I was seeing a couple of different therapists at the time. I had been on antidepressants for a couple of decades, actually, and they weren't working. In 2009, I was in practice in Gardner, Massachusetts, very successful practice, but I was quite depressed. And what she said one day was, I'm tired of you being depressed all the time. I don't like being around you. I love you, but you just know I don't like being with you. So we went to see an endocrinologist in Boston shortly after that. The psychological process has been my whole life. The physical process of transition began in 2009, and what I decided to do during that time. It's hard to describe getting over the self-loathing to the neutral position, to getting to the point of, oh, okay, not just okay. This is me. So that process is frankly probably still going on, but for a couple of years, I transitioned full-time in October of 2011. But from '09 to 2011, at some point in there, I decided what I'll do when I go to work in the morning. I will find somebody every day to tell, and it worked. I gradually, of course, I picked easy people first, and then I ran out of those, and I had to go to others. Eventually, I told the CEO and whatever they call board of directors. The more I did that. This is before I formally transitioned. It just became, "You know what? This is me." So it really was about getting to be okay with myself. That's the key thing. Because once I was okay with myself, anything anybody else said just doesn't matter.

Phil Wagner

And I'm wondering that process, as you did it slowly, you had some easy wins at first. Did those people who didn't always know you as "Deborah" accept you as Deborah right away? I'm sure there also had to be some tough conversations there. What was it like, sort of negotiating interpersonally in those conversations that this is who I am, even just the semantics? This is how you refer to me now. I think we talk a lot about pronouns, but there's a lot of change that I think comes with our communication interactions with others. Can you speak to what that was like for you and friends, colleagues, maybe even patients?

Dr. Deborah Fabian

When I picked one person at a time to talk to, I was male. I was David, dressed as David, talking like David. Again, I picked easy people. And the conversation was usually, Oh, yeah, okay. That makes sense. Or I get it, or just a big hug. The easy part went first. What that did was allow me to develop a little confidence in myself and not just confidence, sort of grounding what I was feeling and being able to put it into words. When I transitioned permanently at work, I was on the ethics committee at the hospital, and it was my turn to pick a speaker for this ethics committee in October 26th of 2011. So I said, well, if I get to pick somebody, I'll pick me. So the word got out. I had taken several weeks off, and the word got out that I was coming back looking a little different. So it was packed, standing room only in the auditorium, and I told my story, including a lot of things I'm saying today. And I got a huge standing ovation and nothing but hugs and welcome. Now that was the easy day. So you mentioned practice and coming out to patients and things. That was quite a bit more difficult. As I said, I was solo, private practice. I rented space in the hospital. I needed a constant. As an

orthopedic surgeon, you fix one person, then they go on, and you just need a constant influx of new patients all the time. My practice slowly died. Took about four years and the last couple of months I had to borrow money to pay my staff. There were a number of really memorable moments during that time. A month or so after I started working as Deborah, I had a patient who, it's my favorite story. He had a Vietnam campaign hat on and Vietnam jacket, and clearly, he'd been through it. I didn't serve in Vietnam, but I was in the military in the Vietnam era. So I have great respect. So I told him, you need some surgery. Here's what we need to do. He said, yes, thank you. I don't know that I want you to do it, and he pointed at me and indicated what he meant. I got it, and I don't want to operate on anybody who doesn't want me to. But I said to him. I get it. But just so you know, I was active duty during Vietnam. Actually, I was reserves during Vietnam. I spent three years as a battalion surgeon for a Marine Infantry Battalion and then five more years in the reserves. So I understand Marines, and I respect you, and just so you know, I have that background. Then he stopped for a second and said, "Oh, jeez, you were with the Marines?" I said yeah. "Oh, when can you schedule the surgery?" That to me, it just told me how I should live, basically. I'm out there. I'm honest. People ask me, why don't you try to change your voice? Well, I tried, and I could change my voice, raise it, or whatever women do. But I couldn't think about what I wanted to say. All I did was think about how my voice sounded, and I said, I'm just going to talk.

Phil Wagner

I love so much about that story, Deborah. One thing I like is that it really, I think, encourages us not to see people as one aspect of their identity. Like it's not just Deborah who is a trans woman or a woman. It is Deborah who also has military experience and also is a physician, and also, and also, and also. I think that's a really powerful reminder, not to reduce people down to just the visible or what we might want to reduce them down because it's then easy. The other thing that I think of as you share that is, oh, my gosh, how do you have. And I don't know the word here. I don't know if it's maturity or if it's confidence or like the self resolution to not take those comments personally. I mean, that's such a hurtful comment. To have a fully qualified physician capable of healing right in front of you to say I don't want you to do that. Your response is ridiculously gracious. How did you get to the point where you didn't take it personally or was it personal, and it's something you dealt with to the side. Was that therapy? How do you get to that place?

Dr. Deborah Fabian

It's still sort of going on, although not so much anymore. I'm here. That was early on, right after I transitioned. In this particular case, I have always made it a point when I see somebody in a Vietnam jacket. I've always made it a point to go up to them, shake their hand, and say thank you for your service. I wasn't there, but I know what it was like. I had a lot of friends killed there. So I just have so much respect and compassion for anybody who did that. So it was easy for me to listen to him, knowing intuitively and not that I knew his specific details, but what he had been through somehow or other. So that, in that particular case, was very important. So sometime in 2014. Well, I'm going to back up because in 2011, when I was getting ready to transition in the spring-summer, I intuitively knew my practice was going to

take a hit. So I started looking at other jobs. I was still dressed and presenting and using male pronouns. I applied for a job as an orthopedic hospitalist hospital in Connecticut. I had to fly down, talk to the current organization. Interviewed, was offered the position. There were three of us. They needed three full-time, so I was offered the job. This was about June or July, and I wasn't going to start till the fall. So I knew I was going to show up on day one as me, not as the guy they interviewed because I have always thought, not always, but more recently I've thought, I just got to tell you I don't want to surprise anybody. So I went down to the hospital and told them, and it was several of the senior people. Just so you know, when I show up, and I was a guy at the time, I'm going to look a little different. I had some pictures of me at that meeting. It was oh great. No problem. Two weeks later, I got a call. The job offer has been rescinded, and so I-

Phil Wagner

Was it for that reason? Did you know? Did you have to assume? Did they explain?

Dr. Deborah Fabian

They lied. This is a five-and-a-half-year tale now, but I'll cut it way down. They made up some lies about me and just blatant things that they say I said at the interview, which I would never say. I mean, why would I lie about myself? So I had actually talked to a lawyer before I told them, and he said you don't need to tell them. You can show up day one, and they can't do anything about it. But that isn't the way I wanted to start a position with everybody angry at me already. So I called the lawyer back after having the job rescinded, and we filed, and again, this is not a simple process, as you probably know, lawsuits.

Phil Wagner

Sure.

Dr. Deborah Fabian

About five and a half years with multiple depositions. I sat through many of their depositions, and I had transitioned at that point and just to be lied about. I think at that point is when I became a little bit active in the movement, and you're not going to lie about me. We can debate whether I'm a good orthopedic surgeon. We can debate whether your patients will accept an orthopedic surgeon, but don't lie about me. Let me prove myself. So that helped me because I got angry, and I was ready to go to court, but we eventually settled in whatever, five years later is, 2017-ish. I can't tell you the name of the lawsuit, but it was a hospital in the middle of Connecticut. So Fabian versus some hospital. You can look it up. I'm really proud of this. It became part of the Supreme Court argument within the last year. People said, well, you ought to sue for three, five, or six million. Well, it wasn't nearly anywhere near that. The money actually wasn't the point, although it was enough to hurt them a little bit. It was enough to make me feel I'd done the right thing. Other people have cited that lawsuit, so. I don't know if I'm answering your question anymore. Getting angry at being treated wrongly. That's what did it for me. So during that time, I decided nobody's going to treat me that way. I'm not going to accept that.

Phil Wagner

So there's sort of two conversations that we've pitted, and we started off talking about really, really positive conversations. I appreciate that you led off there and also shared some of the hurtful, really tough conversations. I would imagine, and I might be wrong, there's probably a subset of conversations that are right in the middle of those two. So I want to talk a little bit about social support. I'm certain that along your journey, even just well-meaning colleagues have often said things that were not fully inclusive or appropriate. Like excessive curiosity about the details, or hyperinvasive questions, because I know those are some of the common obstacles we read that trans people face when coming out. Have you had those experiences? How do you deal with well-intentioned people that might cross a line even though it's well-intentioned and ask questions that are just, frankly, none of their business? Any communication strategies you can share?

Dr. Deborah Fabian

My wife and I talked about this a lot because absolutely that happens. One of my favorite lines that Leslie and I came up with when people ask me, "Have you had the surgery?" It depends on my feelings toward that person would be, yeah, it's really none of your business, or two, tell you what? You tell me about your genitalia, and I'll tell you about mine. That shut up several people.

Phil Wagner

Usually, that shuts them down, I would hope.

Dr. Deborah Fabian

Again, a big part of that was just getting okay with myself. There's another experience that's sort of along those lines. When I was at Fort Polk, we had a big hospital-wide meeting, 300, 400 people in this auditorium. It was right after the 2016 elections, and I'm sitting there with the army and ex-army. One guy got up a couple of rows behind me and stood up and started blasting transgender in general and me in particular and just telling me how screwed up I am and how God was going to do this and I was going to hell and all that.

Phil Wagner

But directly to you.

Dr. Deborah Fabian

He was facing me. I was facing him in front of 300-some people. So I had the other microphone, and I debated long and hard about what to say. One of the things I was going to say was, well, Mark Twain once said, "Never argue with a fool. People may not be able to tell the difference." I ruled that out. It was too subtle for him, but he kept calling me "he" and "sir." When he finally shut up for a moment, I just said, "It's really customary and considered polite to use the pronouns of the person as they appear, and if you don't know, just ask them what their preference is." That didn't shut him up. So he kept on going, and five minutes later, I

said, "I'm going to hand my microphone back before I say something I regret." I did, and I got a huge applause. I couldn't have done that five years earlier, and that has really been and continues to be "I'm okay with myself." I'm willing, and I say it all the time. Yeah, I'm weird. I get it. I'm different. When people say, we don't understand it. I say you can't understand it. I've lived it for 70 years now, and if you're trying to make sense of it based on your own perspective of life, you'll never do it. You can't do it.

Phil Wagner

Yeah, there's so much to unpack there, but I think it tees up a question on how we can use your story to shape and guide younger generations. That's an encounter that I think really toes the line not just of hostility but really of violence. You see how a conversation like that can get very heated and could lead to perhaps physical violence, which I know is something the trans community faces significantly. So I'm wondering, and I want to be mindful of not putting too much of a burden on you, but I'm wondering if you can speak from your own experiences or share advice with other professionals, young, old doesn't matter, who might be in the place that you were and thinking about transitioning while employed. Again, there's some complex stuff. Could be violence, could be hostility. Do you have any insight or advice or thoughts to those folks, specifically on what they should consider?

Dr. Deborah Fabian

I think the most important part for me became being okay with myself. And maybe as an aside, I know there are. When somebody calls me "him" or "he," it depends on the situation. But I usually say I'd appreciate it if you use the female pronouns, and most of the people will say, "Oh, I'm so sorry. I didn't mean to." I have this picture of some other people I know who are in somebody else's face. You make a mistake, "How dare you?" How the term misgendering and I have always gotten good results with just saying I'd appreciate it if you use this term and also just walking away from the situation. I'm not sure if I'm accurate or not, but I feel like I've gotten better results by being a good person, by being a good surgeon, by taking care of my patients, by being nice to other people, than by being fully confrontational. Walk as Johnny Cash says, "Walk away from trouble when you can." If somebody is an idiot, I'm not going to make them not be an idiot, and that's not my job. When I talk to students, in fact, I was down at William & Mary a couple of years ago to the Lavender Group, and one of the messages I gave was if you're transitioning or if you're coming out as gay or lesbian or whatever, make sure you are excellent at what you do. Be an excellent surgeon, be an excellent teacher, be an excellent whatever, and then if you're discriminated against, you know it's not because of your qualifications or you. It's because of them.

Phil Wagner

I'm wondering if maybe on the flip side, you can speak to managers, leaders, supervisors, colleagues who are not transgender, like cisgender. I'm wondering if you have advice for what you wish the people around you, what information you wish the people around you had before you came out at 62, and maybe speak a little bit to like what constitutes effective or the

best types of trans allyship. Allyship that's not just performative, but is actually meaningful and supportive and all of those things that those folks need as they work throughout that process.

Dr. Deborah Fabian

There's so much to that.

Phil Wagner

I know. That's a big question, probably not well worded either.

Dr. Deborah Fabian

No, I got it. I've had various thoughts as you're speaking it. Number one, capital one, is to care. People all the time because of my voice when I'm on the phone with somebody, it's always "sir." Even when I try now, I can't do it differently. So care. So when I correct somebody, and this happens, I won't say daily, but almost daily. Somebody will say because I'm a senior surgeon, they'll say sir, and I say, would you mind using her or ma'am? Almost everybody immediately feels awful. Like I screwed up. How can you forgive me? I say that's okay. And some people, I think some trans people take that very personally when they get misgendered. I don't. I wish everybody called me ma'am, and I wish I was five foot four and size four, and I'm not. I'm six feet tall. So when they're very apologetic, I say all I ask of you to do is to care. And if you care, then, yeah. I screw up all the time. So what was your question?

Phil Wagner

No, you're hitting right to the heart of the issue. What can those allies who are leaders, managers who hold influence, or maybe even just colleagues, what constitutes effective allyship?

Dr. Deborah Fabian

Care about the person. Number one, whatever label we put on somebody comes after their humanity. That's a profound statement. I've never said that before. They're a person. They're your friend. They're your whatever. And if you then need to label them. I've given this talk, and I said, if I label you a New York Yankees fan and I'm a Red Sox fan, we're never going to see eye to eye on anything. So it's beyond the labels that you apply, and I hope that I'm a role model who I've let a lot of things roll off my back. There are some things I won't let roll off my back. That's being impolite to me. Threatening me, I've had that. But a good ally, number one, cares about the person—male, female wearing a dress or blue jeans or whatever. You care. When you don't know something, when people don't know my pronouns, I want them to ask me, "What pronouns do you prefer?" Just what you're saying? How can I be of support to you? That's number one advice.

Phil Wagner

Simple. And I love that that transcends so much. It speaks to even the heart of those situations that you've experienced where if you just employ the value of compassion, of caring for other

people, that's going to enhance your leadership. It's going to enhance you, broadly speaking. There's really nothing I think to lose there. I've got one final question for you-

Dr. Deborah Fabian

Just to expand on that.

Phil Wagner

Oh, yeah. Go for it.

Dr. Deborah Fabian

Because if you treat the person as a label, you have put on them, that's how you see them. If you treat them as a person who, by the way, oh, he's transgender. But first of all, number one, your employee or your teacher, or whatever, she's a person. Then the rest gets to me very easy. The labels then don't matter.

Phil Wagner

One final question for you, Deborah. We've talked a lot about your history, your journey, your experiences, and you bring an incredible history with you as you're now near retirement and move to a different phase in life. I'm wondering as we look to your story, what's one thing that we can learn, particularly about what it means to include and be compassionate and care for trans individuals. What can we learn from your story specifically?

Dr. Deborah Fabian

A number of things come to mind. Number one is what I already said. Care about other people. If you do, then whatever label you put on them no longer matters. That's for our allies. For me as an individual and for others, love yourself. I say that at age 72, back at age, whatever it was 25 or something when I had a gun to my head, that's not quite as easy to say. But do whatever you need to do. Do the therapy. Be around those people and recognize that there's nothing wrong with you.

Phil Wagner

Deb, it's been fantastic to chat with you, and I appreciate that you are so forthcoming. It's truly appreciated, is all I can really say. It's not something you have to do. I don't think that it's your responsibility to shape or guide our understanding, but there is. I think so much we can learn from your journey, and I so appreciate that you have been willing to share that journey with us and our listeners. Thank you so much.

Dr. Deborah Fabian

It's been a pleasure, Phil. Really enjoyed. Thank you for having me.

Phil Wagner

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