



Meet Thomas Dobbs

There is more to this beloved HIV doctor than an abortion ruling.

January 6, 2025 By [Tim Murphy](#)

The name Dobbs is now shorthand for Dobbs v. Jackson Women's Health Organization (JWHO), the 2022 ruling by the Supreme Court of the United States (SCOTUS) that overturned Roe v. Wade, which had since 1973 guaranteed the right to an abortion nationwide.

Dobbs refers to Thomas Dobbs, MD, whose name ended up on the case because he was the head of the Mississippi State Department of Health while the case was being brought by JWHO, Mississippi's only abortion clinic, in protest of a 2018 state law banning abortions after 15 weeks of pregnancy. The case eventually made its way to a then newly conservative-majority SCOTUS, landing the final blow to Roe.

Thomas Dobbs, MD

Courtesy of Thomas Dobbs, MD

When a draft of the SCOTUS ruling on Dobbs leaked in May 2022, Dobbs took to X (at the time Twitter) to write that he “had no direct involvement in any component of this legal action.” Shortly after, on a Zoom meeting with the Mississippi State Medical Association, he said, “I personally, and

the health department specifically, have had no active role in this legal action. It's just a quirk of how the naming convention works.... And we want to just keep on doing our good work and stay out of the crosshairs."

Thomas Dobbs and colleagues at a free clinic event in Jackson [Tcbpubhealth/Instagram](#)

What many people outside of Mississippi do not know is that Dobbs has been caring for people living with HIV since the mid-'90s. In the mid-'00s, he became the in-house infectious diseases specialist at a Ryan White-funded clinic in Hattiesburg. He also started a Ryan White clinic in underserved rural McComb that operated for seven years until, according to Dobbs, a federal funding complication shut it down.

Dobbs left the state health department in 2022 after getting it through the early years of the COVID-19 pandemic and went on to helm the John D. Bower School of Population Health at the University of Mississippi Medical Center (UMMC) in Jackson, where he continues to see thousands of folks living with HIV at UMMC's Adult Special Care Clinic.

"He's one of our greatest HIV doctor champions in Mississippi and has been since before the Roe overturn tragedy," says Robin Webb, a longtime Mississippi activist living with HIV, who urged POZ to interview Dobbs. "He's very progressive, gay-friendly, reproductive justice-friendly. All of us in the HIV world here in Mississippi know an entirely different man than what is implied. He's saved many a gay man's life over all these years and others, of course."

Dobbs agreed to talk with POZ about his career as an HIV doctor.

How did you first get into HIV care?

It was when I was a medical resident at the University of Alabama in 1996 and we had a patient with advanced HIV disease. That was a great year to start working in HIV because protease inhibitors started coming on. [Those medications marked the beginning of effective HIV treatment.]

I started him on [the now outdated protease inhibitor] Crixivan, which was the inflection point where he went from despair to exuberance and optimism. From 2005 to 2015, I worked at a Ryan White-funded HIV clinic in Hattiesburg.

What was it like back then at that clinic?

It was, and still is, a fantastic community health center with a huge cohort of folks. At that time, we didn't have quite as many single-pill regimens as we do now, and we were still seeing a lot of resistance [to older HIV meds], so we had to concoct these complicated non-standardized regimens. That's changed a lot.

Also, our work overlapped with what I would say was the worst of the opioid epidemic. What lagged behind the HIV science were the mechanisms to make sure that people had stable housing and food security. In places where we didn't have certain components of Ryan White services, especially rural areas, resources were limited. Since then, the clinic's support network team has been spectacular.

Tell us about the rural McComb clinic.

I founded the McComb clinic, which we kept open for about seven years. It got tangled up with HRSA [Health Resources and Services Administration, a federal health agency], and they shut us down because you were not supposed to use HRSA funds to support STI [sexually transmitted infection] testing.

What I saw mostly at that clinic was severe HIV disease—really atrocious. I saw a bunch of cases of Kaposi sarcoma, lymphoma and MAC [Mycobacterium avium complex, a bacterial infection most commonly seen in people with advanced HIV disease]. Those are things we really shouldn't see anymore.

But also, if you live hours away from a Ryan White provider, you're not going to be getting care with regularity. This was all before telehealth. But while that clinic lasted, we drew people from all over the southwest part of the state. They loved the clinic because it was in a sequestered, private spot, so they didn't have to go somewhere in their hometown.

In small-town rural areas, [HIV] stigma is magnified. We did a great job at that clinic taking care of folks. We never charged people.

What was it like at the less rural Hattiesburg clinic?

We saw a lot of the same stuff despite those patients having more access to care. We saw tuberculosis, cryptococcal meningitis, tertiary syphilis. Mississippi as a state didn't expand Medicaid, so a lot of people with HIV don't have access to care [beyond their HIV needs]. I saw people with gallbladder disease, and all we could do was tell them to go to the ER when they got sick enough and maybe the ER would give them surgery. Since then, we've made progress in the state [using Ryan White services to cover more non-HIV-related issues].

Tell us about the school of public health.

We're trying to bring about the next generation of public health researchers. We have a PhD program and programs in advanced data science, stats and AI. We also have master's level training for people on the ground making things happen. I teach a few classes. And we also do research.

We've got implementation projects to combat congenital syphilis, which is a real tragedy. In the past six years, we've had a more than 1,000% increase in such cases. It's a nationwide problem, but, like a lot of things, it's worse here because of the lack of health care and delays in prenatal care. We know that the biggest problem is getting women into prenatal care earlier and making

doctors understand that they must screen them and, if necessary, treat them for syphilis.

We've also seen a massive divestment in public health here and in other southeastern states. We now have only a third of the disease investigation workforce that we had in the '90s—the people who track STIs and make sure that patients get treated and their partners get tested. That's a task of public health that cannot be recreated by the private sector. There's no local funding here for public health, essentially. We only have federal funding.

As a result of SCOTUS overturning Roe in the ruling that bears your name, you posted on social media to let people know you had nothing to do with it, but you refrained from sharing your personal opinion about the ruling or about abortion access. Why?

I inquired about getting my name removed from the case once it was referred to the Supreme Court, but I was unable to. As you can imagine, it's kind of a big deal, so I've wanted to lay low [on that issue] to continue to do the work I'm doing around HIV and STIs and public health. I honestly try not to think about it—and folks leave me alone about it.

Thank you for talking with POZ. To end on a positive note, what do you do for self-care and joy outside of work?

My wife and I are big cyclists and sailors. Primarily on the Gulf Coast, but we also have a nice little lake in town where we can sail.