

The day that changed North Carolina public health

It was October 4, 2001, and State Health Director Leah M. Devlin and other officials were in a homeland security meeting. The FBI agent assigned to North Carolina left the room to take a phone call. During the next break, he took Devlin and the head of the State Bureau of Investigation (SBI) aside.

“I just want to let you know that we have—” he began.

“Pulmonary anthrax,” Devlin finished for him. The CDC had already notified her that a Florida man being treated for the rare, deadly disease had been traveling in North Carolina just before he became ill.

Though the source of the man’s disease would later be traced to anthrax spores sent through the postal system to his Florida office, no one knew that then. Likewise, no one knew—though many feared—that his illness signaled a bioterrorist attack.

“That was the day public health in North Carolina changed forever,” Devlin says. “We started right then with a massive investigation, trying to determine the source of his exposure and whether anybody else was sick.” Devlin led an effort involving 19 hospitals, multiple counties and thousands of medical

records. It called on the expertise of microbiologists, epidemiologists, medical examiners, veterinarians and many other specialists, including law enforcement agents.

“The fact that Public Health knew about this before the FBI gave us instant credibil-

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ity and made us worthy of collaboration,” Devlin says. “We had the FBI and SBI on every conference call we had. They were participating in public health work even as they did their own investigations.”

The incident demonstrated to legislators

and the public that health departments play a critical role in defending against bioterrorism and other threats. It also served as a fire drill for the agencies themselves. Under Devlin’s leadership, her team analyzed what worked well and what didn’t and put plans in place to ensure that the departments would respond to future incidents—like the subsequent West Nile virus outbreak—even more efficiently and effectively. They also built on something that started that October day, what Devlin calls a “fabulous partnership with law enforcement.”

As a result, North Carolina now stands as a national model of preparedness for public health emergencies, whether bioterrorism, emerging infectious disease or natural disaster. The accomplishment is particularly striking in light of the fact that when Devlin

was confronted with the anthrax case, she had been directing the state health department for only a few months.

Devlin says she didn’t even know what a health department was until she was a junior in UNC’s School of Dentistry and did



Dr. Leah Devlin

a rotation with the Wake County Health Department through the N.C. Area Health Education Centers Program (AHEC). Once she graduated, she went to work for the county as a dentist and later moved into dental public health administration there. By the time she was asked to serve as the county's acting health director, a position that later became permanent, she had earned her master's in public health, one of the first completed through the UNC School of Public Health's distance learning program. After ten years as Wake County health director, she moved to the state Division of Public Health as deputy director; five years later,

Under the leadership of State Health Director Leah Devlin, North Carolina became the first—and so far the only—state to mandate accreditation for local health departments and so make quality and capacity consistent across the state. Devlin earned a master's in public health administration from the UNC School of Public Health and a doctor of dental surgery from the UNC Dental School.

she began serving as state health director and director of the Division.

"She is extremely well respected across the country as well as in Congress and in the [Federal] administration," says Dr. Paul E. Jarris, executive director of the Association of State and Territorial Health Officers, an organization for which Devlin recently served as president. "When a national group or think tank is being put together, people often want Leah."

On Devlin's watch, North Carolina also became the first—and so far the only—state to mandate accreditation for local health departments and so make quality and capacity consistent across the state. Her department works closely with the School's North Carolina Institute for Public Health, which is the state accreditation administrator.

"There is now a national movement to do this in the rest of the country," says Dr. Ron Levine, himself a former state health director and a longtime mentor. "She is clearly the

lead person on that."

Devlin is such a successful leader, Levine says, because she has the ability to bring together diverse interests. Jarris credits her quick grasp of complex issues and her ability to be at once very pleasant and extremely direct. In a meeting with federal Secretary of Health and Human Services Mike Leavitt, for instance, Devlin commented that something was "just nonsense."

"He stopped, looked at her and wanted to talk with her because people in his position rarely hear that," Jarris says. "She has a wonderful ability to say those things in a nice way."

Devlin credits her colleagues in North Carolina's Division of Public Health for the state's national reputation as an innovator in public health.

"If I have a strength, it's being able to find good people to work with," she says. "That's my biggest strength." ■

— BY KATHLEEN KEARNS