

Studies on the Health Impacts of 9/11

Updated March 2010

	Author	Year	Peer Reviewed Journal	Findings:
1	Rom, W	2002	American Journal of Respiratory and Critical Care Medicine	38 year old firefighter with eosinophilic pneumonia. Washings of his airways showed fly ash, degraded glass, metal, and asbestos fibers
2	Prezant, D	2002	New England Journal of Medicine	90% of FDNY firefighters working at the WTC site had a cough, nasal congestion, chest tightness and chest burning; 87% had new onset GERD (gastroesophageal reflux disease). Increased bronchial reactivity was present and worsened over time in many firefighters.
3	Trout, D	2002	Journal of Occupational and Environmental Medicine	Federal workers working near the WTC site were far more likely to have symptoms to shortness of breath, chest tightness and eye irritation, compared to workers in Dallas. Rates of depression and PTSD symptoms were also significantly higher.
4	Galea, S	2002	New England Journal of Medicine	Rescue workers at the site were far more likely to have PTSD and depression than NYC residents who did not do this type of work.
5	CDC	2002	Morbidity and Mortality Weekly Report	82% of the adult population surveyed in neighborhoods surrounding the WTC two months after the event had persistent respiratory symptoms that developed or worsened after the WTC attack, and 39% had symptoms suggestive of PTSD.
6	Das, D	2003	Journal of Urban Health	Individuals within two miles of the WTC site were significantly more likely to visit an Emergency Department for smoke inhalation, trauma, asthma or anxiety compared to those outside a two-mile radius
7	CDC	2003	Morbidity and Mortality Weekly Report	High school and college staff present near the WTC at the time of the collapse had increased rates of eye, nose and throat irritation, cough, and shortness of breath compared to similar workers five miles away.
8	Berkowitz, GS	2003	The Journal of the American Medical Association	Women pregnant and present in lower Manhattan on 9/11/01 and in the three weeks after 9/11 were more likely to have babies with intrauterine growth retardation (smaller babies at birth).
9	Fireman, EM	2004	Environmental Health Perspectives	Sputum (phlegm) induced in firefighters (FDNY) showed WTC dust and particles with a high pH more than eight months after the attack, as well as signs of inflammation

10	Salzman, SH	2004	Journal of Occupational and Environmental Medicine	78% of police officers at the WTC site developed respiratory symptoms, and 29% of participants had abnormal breathing tests. The study was conducted in December 2001.
11	Skloot, G	2004	Chest	A study of ironworkers working at the site from September 11-15, 2001 had one or more respiratory symptom five months after the attack. Fifty-three percent had evidence of lung function abnormalities.
12	Lederman, S	2004	Environmental Health Perspectives	Birth outcomes for women living within two miles of the WTC had smaller babies than those living farther away, after controlling for other factors.
13	Lin, S	2005	American Journal of Epidemiology	Residents living near the WTC site were significantly more likely to have new-onset respiratory symptoms, compared to residents 6 miles away.
14	Tapp, LC	2005	American Journal of Industrial Medicine	Transit workers evaluated seven months after 9/11/01 with dust cloud exposure had more symptoms of PTSD and depression compared to those without these exposures.
15	Mann, JM	2005	American Journal of Industrial Medicine	A 42 year old highway patrol officer who arrived on September 11 th and was in the dust cloud developed severe respiratory symptoms and was found to have interstitial lung disease on open lung biopsy.
16	Reibman, J	2005	Environmental Health Perspectives	56% of residents surveyed in lower Manhattan had new onset lower respiratory symptoms. 26% of the residents had persistent new-onset respiratory symptoms.
17	Banauch GI	2005	Critical Care Medicine	One year post-collapse, 23% of FDNY responders who had been heavily exposed to WTC dust had persistent lung dysfunction, as compared with only 11% of moderately exposed and 4% of unexposed firefighters.
18	Banauch. G	2006	American Journal of Respiratory and Critical Care Medicine	Pulmonary function was compared before and after September 11 th . A significant decline in pulmonary function was noted in FDNY personnel who were present at the WTC from September 11-13, 2001, about 12 times more than would be expected from normal aging.
19	Herbert, R	2006	Environmental Health Perspectives	Over 9000 WTC responders were examined over 2.5 year period from July 2002 to April 2004. 69% reported new or worsened respiratory upper and lower symptoms while performing WTC work. Symptoms persisted to the time of examination in 59% of these workers. 28% of responders had abnormal breathing tests.

20	Mauer, MP	2007	Journal of Occupational and Environmental Medicine	Nearly half of NY State personnel (1,400) responding to the WTC had lower and upper respiratory symptoms, and one third reported psychological symptoms. Participants were evaluated from May 2002 – November 2003.
21	Buyantseva, LV	2007	Journal of Occupational and Environmental Medicine	44% of police officers surveyed at one month and 19 months after September 11 th had persistent cough, and other respiratory symptoms. Rates of lower respiratory symptoms increased significantly from 2001 to 2003.
22	Izbicki, G	2007	Chest	26 firefighters (FDNY) developed sarcoidosis in the five years after September 11, 2001. The incidence of sarcoidosis was significantly (nearly 8 times) increased when compared to the years before September 11 th .
23	Mendelson, D	2007	Journal of Occupational and Environmental Medicine	25 World Trade Center workers with lower respiratory symptoms had chest imaging revealing air trapping. Air trapping in these workers may be a result of disease of the small airways in the lungs.
24	Wheeler, K	2007	Environmental Health Perspectives	WTC rescue, recovery and clean-up workers were surveyed in the WTC Health Registry and found elevated rates of newly diagnosed asthma.
25	Brackbill, RM	2007	Morbidity and Mortality Weekly Report.	Data from the New York City Dept of Health Registry show that, two to three years after 9/11, survivors of buildings that collapsed or that were damaged as a result of the WTC attack reported substantial physical and mental health problems. The long-term effects require followup.
26	Perrin, MA	2007	American Journal of Psychiatry	This NYC DOH Registry study compared the rates of posttraumatic stress disorder (PTSD) across different occupations involved in rescue/recovery work at the WTC site and found that PTSD was significantly higher among those who performed tasks not common for their occupation.
27	Tao, XG	2007	Journal of Occupational and Environmental Medicine	Respiratory health among cleanup workers at the WTC disaster site was evaluated approximately 20 months after the initial exposure; compared with those never at the site, WTC workers were more than three times as likely to report lower respiratory symptoms.

28	Perera, FP	2007	Environmental Health Perspectives	Exposure of pregnant women to the WTC dust cloud may have contributed to a reduction in cognitive development of their children at age 3.
29	DiGrande, L	2008	Journal of Traumatic Stress	NYC DOH Registry surveyed 11,037 adults who had lived south of Canal Street in New York City on 9/11, and found that that posttraumatic stress disorder (PTSD) is a continued health problem in the local community.
30	Farfel, M	2008	Journal of Urban Health	NYC DOH Registry data estimate that between 3,800 and 12,600 adults experienced newly diagnosed asthma and 34,600–70,200 adults experienced PTSD following the attacks, suggesting extensive and continuing health impacts.
31	De la Hoz, RE	2008	International Archives of Occupational and Environmental Health	In a cohort of World Trade Center workers, five categories of disease were predominant: upper airway disease (78%), gastroesophageal reflux disease (58%), lower airway disease (49%), psychological (42%) and chronic musculoskeletal illness (18%).
32	De La Hoz, RE	2008	American Journal of Industrial Medicine	In addition to upper and lower airway disorders, vocal cord dysfunction has been found in World Trade Center workers.
33	Moline, JM	2008	Mount Sinai Journal of Medicine	Clinicians at Mount Sinai developed a medical screening program to evaluate the health status of workers and volunteers who sustained exposure at the WTC disaster site. The program has successfully recruited nearly 22,000 responders, and serves as a model for the rapid development of programs to assess the health of others exposed to similar hazards.
34	Savitz, D	2008	Mount Sinai Journal of Medicine	Comparison of the experience at the World Trade Center disaster with 4 past incidents of chemical and radiation releases at Seveso, Italy; Bhopal, India; Chernobyl, Ukraine; and Three Mile Island, USA, provided useful contrasts and insights.
35	Szeinuk, J	2008	Mount Sinai Journal of Medicine	Diffuse parenchymal lung diseases (DPLDs) appear to be associated with heavy or extended exposure to the toxins released at the WTC disaster site. This suggests the need for continued long-term clinical follow-up of this population.

36	Bills, C	2008	Mount Sinai Journal of Medicine	The mental health needs of workers exposed to the events of September 11 th varied widely. These findings suggest the need for future programs for disaster workers to include accessible mental health treatment services as well as comprehensive post-disaster surveillance.
37	Enright, P	2008	Mount Sinai Journal of Medicine	This article describes the approach used to standardize lung function testing for the consortium of institutions providing medical monitoring examinations to WTC responders.
38	Landrigan, P	2008	Mount Sinai Journal of Medicine	To assess effects on children's health associated with the attacks on the WTC, research teams at the Mount Sinai School of Medicine and other academic health centers in New York City launched a series of clinical and epidemiologic studies. They found medical, developmental and mental health problems.
39	Reissman, D	2008	Mount Sinai Journal of Medicine	This article reviews lessons learned about managing the safety and health of workers who were involved in the WTC disaster, including the ongoing responder health burdens, and the changes in federal infrastructure, response planning, and resources for protection of response and recovery personnel.
40	Stellman, J	2008	Environmental Health Perspectives	Working in 9/11 recovery operations is associated with chronic impairment of mental health and social functioning, which greatly exceed population norms. Surveillance and treatment programs continue to be needed.
41	Prezant DJ	2008	Lung	This paper describes treatment recommendations for the main respiratory health consequence from the collapse of the WTC, which has been called "WTC Cough Syndrome", and includes chronic sinusitis, asthma, and/or bronchitis, often complicated by gastroesophageal reflux dysfunction (GERD).
42	Prezant DJ	2008	Mount Sinai Journal of Medicine	This paper reviews several respiratory consequences of occupational and environmental disasters and uses the WTC disaster to illustrate the consequences of chronic upper and lower respiratory tract inflammation.

43	De La Hoz, RE	2008	Journal of Occupational and Environmental Medicine	A variety of gastroesophageal reflux symptoms and disorders is found in WTC responders and seems to be related to the presence of lung disease.
44	De La Hoz, RE	2008	Journal of Occupational and Environmental Medicine	The WTC experience of immigrant responders demonstrates that their health burden is exacerbated by limitations in access to appropriate health care, disability and compensation benefits, and vocational rehabilitation services.
45	Thomas, PA	2008	Environmental Health Perspectives	Asthma prevalence after 9/11 among WTC Health Registry enrollees under 5 years of age was higher than national estimates, and new asthma diagnosis was associated with dust cloud exposure in all age groups. Severity of asthma and persistence of other respiratory symptoms will be determined on follow-up surveys.
46	Daly, ES	2008	Journal of Trauma and Stress	Disaster relief workers may experience an increase in stress symptoms at the anniversary of their traumatic exposure.
47	Tao, L	2008	Environmental Science and Technology	WTC responders were exposed to airborne pollutants through inhalation of dust and smoke released during and after the collapse of the WTC. The potential health implications of these results need more follow up.
48	Jayasinghe, N	2008	Journal of Nervous and Mental Disease	The purpose of this study was to conduct a 1-year follow-up to assess the role of anger in maintaining PTSD. Disaster workers responding to the WTC attacks who developed PTSD continued to report more severe anger than those without; there were statistically significant associations between changes in anger, PTSD severity, depression, and psychiatric distress.
49	Skloot, G	2009	Chest	Lung function abnormalities remain evident more than 5 years after the disaster in many exposed individuals, indicating the need for longer term monitoring of WTC responders.
50	Katz, CL	2009	Psychiatric Bulletin	Ironworkers at Ground Zero tend to have significant psychiatric symptoms likely associated with the traumatic experience of working there during the clean-up operation.

51	Moline, JM	2009	Journal of Occupational and Environmental Medicine	This is a report on 8 cases of multiple myeloma (MM) observed in WTC responders registered in the WTC Medical Program, which underscores the importance of maintaining surveillance for cancer and other emerging diseases in this highly exposed population.
52	Chandran, SK	2009	Ear Nose Throat Journal	Many persons who were exposed to the Ground Zero site have otolaryngologic (Ear Nose and Throat) conditions that are common in persons who were not so exposed. Therefore, otolaryngologists involved in the care of such patients should be cautious about assigning a diagnosis of "WTC syndrome" without a comprehensive examination to look for other possible etiologies.
53	Brackbill, RM	2009	JAMA	Acute and prolonged exposures at the WTC site were both associated with a large burden of asthma and posttraumatic stress symptoms 5 to 6 years after the September 11 WTC attack.
54	Bills, CB	2009	Psychiatric Quarterly	These findings personalize the symptom reports and diagnoses that have resulted from the 9/11 responders' exposure to Ground Zero, yielding richer information than would otherwise be available for addressing the psychological dimensions of disasters and show that large scale qualitative surveillance of trauma-exposed populations is both relevant and feasible.
55	Weiden, MD	2009	CHEST	Airways obstruction was the predominant physiology underlying the reduction in lung function post-9/11/01 in FDNY-WTC rescue workers presenting for pulmonary evaluation.
56	Szema, AM	2009	Allergy Asthma Proc.	Chinatown asthma rates remain higher than among other groups (29% versus the NYC reference rate of 13%). It is possible that exposure to toxins on September 11, 2001 accentuated the effect of subsequent exposure to air pollution.

57	De la Hoz, RE	2009	Journal of Occupational and Environmental Medicine	In 136 former WTC workers and volunteers, atopy (the genetic tendency to develop allergic diseases) seemed to be a risk factor for presumably WTC-related upper airway disease, but not for lower airway disease.
58	Stamell, EF	2009	The Journal of Trauma	This review discusses issues in pediatric disaster preparedness to hopefully foster discussion for future strategies.
59	Webber, MP	2009	Environmental Health Perspectives	Protracted work exposures at the WTC site increased the odds of respiratory and gastro-esophageal reflux disease (GERD) symptoms 4 years later; these data strongly suggest the need to minimize additional exposures during recovery and cleanup phases.
60	Chiu, S	2009	Journal of Affective Disorders	This study evaluated the performance of a modified Center of Epidemiologic Studies Depression Scale (CES-D-m), which captured symptoms in the past month, in comparison to the Diagnostic Interview Schedule (DIS) in identification of major depressive disorder in WTC-exposed retired Fire Department, City of New York (FDNY) firefighters and found that the CES-D-m performed well in identifying those at elevated risk.
61	Yehuda, R	2009	Psychoneuroendocrinology	This study looked at levels of stress hormones in 28 survivors of the World Trade Center attacks on September 11, 2001 who received psychological treatment for PTSD symptoms and their relationship to outcome of treatment.
62	Yehuda, R	2009	Biological Psychiatry	This study found that several genes involved in stress hormone signaling are differentially expressed among those with current PTSD.
63	Evans, S	2009	Journal of Clinical Psychology	Eight hundred forty-two disaster relief workers who had been deployed to the World Trade Center (WTC) following September 11, 2001 completed a battery of comprehensive tests measuring PTSD and social and occupational functioning. Workers with PTSD were more likely to have a history of trauma, panic disorder, and depression.

64	Reibman, J	2009	Journal of Occupational and Environmental Medicine	Residents and local workers as well as those with work-associated exposure to WTC dust have new and persistent respiratory symptoms with lung function abnormalities 5 or more years after the WTC destruction.
65	Chemtob, CM	2009	Disasters	The relationship between exposure to the WTC attacks, increased substance use, functional impairment and mental health service use was assessed through an in-school survey of directly exposed students (N = 1040) attending the five middle and five high schools nearest the WTC. Students with one WTC exposure risk factor had a five-fold increase in substance use, while those with three or more exposure risks had a nearly 19-fold increase.
66	Hoven, CW	2009	Clinical Child and Family Psychology Review	The “Children of First Responder and WTC Evacuee Study”—a two-site longitudinal study—is currently underway in the United States (New York City) and in Israel (Tel Aviv area) in an effort to understand the impact of different patterns of mass violence on the children of responders.
67	Giosan, C	2009	Journal of Anxiety Disorders	This study examined the relationships between memories for a single incident traumatic event - the 9/11 attack on the WTC-- and posttraumatic stress disorder (PTSD) in 2641 disaster restoration workers deployed at the WTC site in the aftermath of the attack.
68	Mauer, MP	2009	Lung	This study found that sophisticated breathing tests called impulse oscillometry revealed signs of respiratory disease in NYS WTC responders in comparison with unexposed NYS employees.
69	Corrigan, M	2009	Am J Public Health	A short computerized, screening questionnaire effectively identified elevated PTSD risk, higher Counseling Services Unit use, and functional impairment among firefighters and therefore may be useful in allocating scarce postdisaster mental health resources.

70	Laumbach, RJ	2009	Am J Epidemiol	The authors investigated the occurrence of respiratory symptoms among persons living outside of Lower Manhattan in areas affected by the WTC particulate matter plume and found the plume was not strongly associated with respiratory symptoms outside of Lower Manhattan.
71	Bern, AM	2009	Environ Sci Technol	This paper describes the development of a procedure for screening urban background dust for the presence of WTC dust.
72	Boscarino, JA	2009	Psychiatry Res	This study looked at the relationship between a peritraumatic panic attack during a traumatic event and later mental health status.
73	Boscarino, JA	2009	Soc Psychiatry Psychiatr Epidemiol	This study attempted to identify common risk factors associated with PTSD onset and its course.
74	Lowers, HA	2009	J Expo Sci Environ Epidemiol	Slag wool can be used as a signature marker to identify areas that contain potential residual WTC dust contamination at concentrations that are less than average background levels for the material.
75	Franz, VA	2009	Clinical Psychology Review	This article reviews research on the impact of the September 11th terrorist attacks on psychiatric patients.
76	Adler, JM	2009	Journal of Personality	In this study, a nationally representative sample of 395 adults wrote accounts about the 9/11 terrorist attacks approximately 2 months after 9/11.
77	Baschnagel, JS	2009	Journal of Anxiety Disorders	In this study, 308 undergraduates were assessed for coping prior to the 9/11 WTC attack and for PTSD symptomatology at one and three-months post-9/11.
78	DiMaggio, C	2009	Substance Use and Misuse	In analyses controlling for age, gender, median household income, and employment-related exposure to the terrorist attacks, this study found that each two mile increment in distance away from the WTC site was associated with 18% more substance use related diagnoses in the population studied.

79	Pfeffer, CR	2009	International Journal of Psychiatry in Medicine	After September 11, 2001, bereaved (those who lost a loved one) compared to nonbereaved had significantly higher rates of posttraumatic stress disorder (PTSD; 68.1% versus 0%) and major depressive disorder (45.5% versus 9.5%), and bereaved had significantly different levels of certain hormones.
80	Richman, JA	2009	Substance Use and Misuse	This study examined the prevalence of negative beliefs related to terrorism and whether these beliefs were related to distress and drinking.
81	Endara, SM	2009	BMC Public Health	The findings from this large population-based study suggest that women who were pregnant during the terrorist attacks of September 11, 2001 had no increased risk of adverse infant health outcomes.
82	Lin, S	2010	International Journal of Occupational and Environmental Health	Residents living within one mile of the WTC surveyed after 9/11 responding two and four years later to follow-up surveys that asked about lower respiratory symptoms (LRS), medical history, psychological stress, and indoor environmental characteristics were found to have a continuing burden of symptoms associated with LRS.
83	Lin, S	2010	Arch Environ Occup Health	This study found that after 9/11/2001 there was an immediate increase in hospital admissions for respiratory problems after the disaster and a delayed increase in cardiovascular and cerebrovascular admissions.
84	Dimaggio, C	2010	Psychiatry Res	Mathematical models were used to show that, in the months following the attack, each 2-mile increment in distance closer to the WTC site was associated with a 7% increase in anxiety-related diagnoses in the population.
85	Bowers, B	2010	J Clin Rheumatol	This paper describes 2 rescue workers with significant exposure from the WTC collapse, one who presented with joint pain and one with eye problems; both ultimately turned out to have sarcoidosis.

86	Rosen, CS	2010	Psychiatr Serv	This study analyzed community survey data to identify subgroups of children who were at highest risk of posttraumatic stress disorder (PTSD) after the September 11 attacks, and showed that the risks were higher among 4th graders and among children who had a friend or family member directly exposed to the attacks.
87	De la Hoz, RE	2010	J Occup Environ Med	This study examined the association of WTC exposure and findings on nocturnal polysomnogram (sleep studies), as well as known predictors of obstructive sleep apnea (OSA) in 100 responders and found that OSA was associated with obesity and male sex, but not with occupational WTC exposure indicators in those studied.
88	Mauer, MP	2010	Occup Med (Lond).	This paper found that, even in a moderately exposed responder population, lower respiratory effects were a persistent problem 5 years post-9/11, indicating that some WTC responders require ongoing monitoring.
89	Mauer, MP	2010	Int Arch Occup Environ Health	This study found that moderately exposed New York State employees who responded to the WTC disaster experienced health impacts from exposures 2 years post-9/11 and that exposure to smoke may have had a greater lower respiratory impact than resuspended dust.
90	Chiu, S	2010	J Affect Disord	FDNY investigators evaluated the performance of a modified Center of Epidemiologic Studies Depression Scale (CES-D-m), which captured symptoms in the past month, in comparison to the Diagnostic Interview Schedule (DIS) in identification of major depressive disorder in WTC-exposed firefighters and found that the CES-D-m performed well in identifying those at elevated risk.

1. http://www.ncbi.nlm.nih.gov/pubmed/12231487?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
2. <http://content.nejm.org/cgi/content/full/347/11/806>
3. http://www.ncbi.nlm.nih.gov/pubmed/12134522?ordinalpos=10&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum
4. http://www.ncbi.nlm.nih.gov/pubmed/11919308?ordinalpos=195&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum
5. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm51SPa4.htm>
6. http://www.ncbi.nlm.nih.gov/pubmed/12791782?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
7. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm51SPa3.htm>
8. http://www.ncbi.nlm.nih.gov/pubmed/12902358?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
9. <http://www.ehponline.org/members/2004/7233/7233.html>
10. http://www.ncbi.nlm.nih.gov/pubmed/14767214?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
11. http://www.ncbi.nlm.nih.gov/pubmed/15078731?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
12. <http://www.ehponline.org/docs/2004/7348/abstract.html>
13. http://www.ncbi.nlm.nih.gov/pubmed/16107572?ordinalpos=3&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
14. http://www.ncbi.nlm.nih.gov/pubmed/15898096?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
15. http://www.ncbi.nlm.nih.gov/pubmed/16094618?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
16. <http://www.ehponline.org/docs/2004/7375/abstract.html>
17. <http://www.ccmjournal.com/pt/re/ccm/abstract.00003246-200501001-00015.htm;jsessionid=J6NGQpJzrDJfnC2nFpctvQ160m81jvwwKck3Lb3yy3N86wJP1vzw!-411160686!181195629!8091!-1>
18. http://www.ncbi.nlm.nih.gov/pubmed/16645172?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
19. <http://www.ehponline.org/docs/2006/9592/abstract.html>
20. http://www.ncbi.nlm.nih.gov/pubmed/17993923?ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum
21. http://www.ncbi.nlm.nih.gov/pubmed/17351517?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultPanel.Pubmed_RVDocSum

22. http://www.ncbi.nlm.nih.gov/pubmed/17400664?ordinalpos=3&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_RVDocSum
23. http://www.ncbi.nlm.nih.gov/pubmed/17693781?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_RVDocSum
24. <http://www.ehponline.org/docs/2007/10248/abstract.html>
25. <http://nycpba.org/wtc/studies/cdc-060407.pdf>
26. <http://ajp.psychiatryonline.org/cgi/content/full/164/9/1385>
27. [http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=18000411&log\\$=activity](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=18000411&log$=activity)
28. <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2022637&blobtype=pdf>
29. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119877453/PDFSTART>
30. http://www.ncbi.nlm.nih.gov/pubmed/18785012?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum
31. <http://www.springerlink.com/content/36611870t5773u14/fulltext.pdf>
32. http://www.ncbi.nlm.nih.gov/pubmed/18213642?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_RVDocSum
33. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339133/PDFSTART>
34. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339120/PDFSTART>
35. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339122/PDFSTART>
36. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339124/PDFSTART>
37. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339123/PDFSTART>
38. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339125/PDFSTART>
39. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339126/PDFSTART>
40. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=18795171>
41. <http://www.springerlink.com/content/k261436536137510/fulltext.pdf>
42. <http://www3.interscience.wiley.com/cgi-bin/fulltext/119339121/PDFSTART>
43. <http://www.mdconsult.com/das/article/body/124015600-2/jorg=journal&source=&sp=&sid=/N/675711/s1076275208602094.pdf?issn=1076-2752>
44. http://www.ncbi.nlm.nih.gov/pubmed/19092486?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_RVLinkOut
45. <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2569099&blobtype=pdf>
46. <http://www3.interscience.wiley.com/cgi-bin/fulltext/118480012/PDFSTART>
47. [http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=18522136&log\\$=activity](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=18522136&log$=activity)
48. http://www.ncbi.nlm.nih.gov/pubmed/19008736?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=13
49. <http://www.chestjournal.org/content/135/2/492.full>

50. <http://pb.rcpsych.org/cgi/content/abstract/33/2/49>
51. http://journals.lww.com/joem/Abstract/2009/08000/Multiple_Myeloma_in_World_Trade_Center_Responders_.7.aspx
52. http://www.ncbi.nlm.nih.gov/pubmed/19688717?ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum
53. http://www.ncbi.nlm.nih.gov/pubmed/19654385?ordinalpos=6&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum
54. http://www.ncbi.nlm.nih.gov/pubmed/19585238?ordinalpos=6&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Result_sPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum
55. http://www.ncbi.nlm.nih.gov/pubmed/19820077?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
56. http://www.ncbi.nlm.nih.gov/pubmed/19772715?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2
57. http://www.ncbi.nlm.nih.gov/pubmed/19730399?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2
58. http://www.ncbi.nlm.nih.gov/pubmed/19667859?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2
59. http://www.ncbi.nlm.nih.gov/pubmed/19590693?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
60. <http://www.ncbi.nlm.nih.gov/pubmed?term=chiu%20validation%20of%20the%20center%20for%20epidemiologic%20studies%20depression%20scale%20in%20screening%20for%20major%20depressive%20disorder%20among%20retired%20firefighters%20exposed%20to%20the%20world%20trade%20center%20disaster.&cmd=correctspelling>
61. http://www.ncbi.nlm.nih.gov/pubmed/19411143?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=19
62. http://www.ncbi.nlm.nih.gov/pubmed/19393990?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=21
63. http://www.ncbi.nlm.nih.gov/pubmed/19388060?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
64. http://www.ncbi.nlm.nih.gov/pubmed/19365288?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=5
65. http://www.ncbi.nlm.nih.gov/pubmed/19178553?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=3
66. http://www.ncbi.nlm.nih.gov/pubmed/19484384?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
67. http://www.ncbi.nlm.nih.gov/pubmed/19117719?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2
68. <http://www.springerlink.com/content/2j14755hg662471m/fulltext.pdf>

69. http://www.ncbi.nlm.nih.gov/pubmed/19890176?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
70. <http://aje.oxfordjournals.org/cgi/content/full/170/5/640>
71. <http://www.ncbi.nlm.nih.gov/pubmed/18022215>
72. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2746077/>
73. <http://www.ncbi.nlm.nih.gov/pubmed/19277439?dopt=AbstractPlus>
74. <http://www.nature.com/jes/journal/v19/n3/abs/jes200825a.html>
75. <http://www.ncbi.nlm.nih.gov/pubmed/19321246?dopt=AbstractPlus>
76. <http://www.ncbi.nlm.nih.gov/pubmed/19558448?dopt=AbstractPlus>
77. http://www.ncbi.nlm.nih.gov/pubmed/19577423?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
78. http://www.ncbi.nlm.nih.gov/pubmed/19895303?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
79. http://www.ncbi.nlm.nih.gov/pubmed/19967896?itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum&ordinalpos=6
80. http://www.ncbi.nlm.nih.gov/pubmed/19895299?itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum&ordinalpos=4
81. <http://www.ncbi.nlm.nih.gov/pubmed/19619310?dopt=AbstractPlus>
82. http://www.ncbi.nlm.nih.gov/pubmed/20166318?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
83. http://www.ncbi.nlm.nih.gov/pubmed/20146998?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2
84. http://www.ncbi.nlm.nih.gov/pubmed/19895303?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1
85. http://www.ncbi.nlm.nih.gov/pubmed/20051752?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=4
86. http://www.ncbi.nlm.nih.gov/pubmed/20044420?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=5
87. http://www.ncbi.nlm.nih.gov/pubmed/20042888?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=6
88. http://www.ncbi.nlm.nih.gov/pubmed/20035001?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=7
89. http://www.ncbi.nlm.nih.gov/pubmed/19890659?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=11
90. <http://www.ncbi.nlm.nih.gov/pubmed/19539999>