



Ladies and gentlemen,

My name is Lies Jonkman and I am the secretary and contact person of the Low Frequency Noise Foundation in the Netherlands. We represent hundreds of LFN-affected people and cooperate with a lot of experts in various disciplines. This gives us a unique position, because we are able to combine knowledge with experiences and science with reality. A position absolute necessary to understand the problem well and address relevant research and solutions.

This map shows the reports on LFN that came in during the last 3 years. It looks impressive, but shows only the tip of the iceberg. Most people who sense LFN do not report it because of unfamiliarity with the matter, fear to be called insane, fear not to be able to sell the house, false diagnosis on the part of the doctor and health services, incomprehension on the part of the partner, etc etc. Besides that, people also sense LFN in the areas where there are no reports, so geographical registration does not say it all.

From the reports of our members and from the measurements of some engineers, we can conclude that the pattern in LFN-emission and physical perception is rapidly changing. It is not a case of a single LFN wave coming from a local factory anymore, nor is it a soft tone which a victim can cope with. LFN nowadays is widespread, heavy, and almost constant, with a fluctuating pulse in different speeds. Sometimes it weakens, which is reported by different people at the same time, a clear sign it is not something psychological. LFN nowadays is also often Infrasound, peaks of 16 / 17 Hz for example are measured in many places. And, maybe even more important, LFN seems to transform to something beyond sound, many people report it feels almost like electricity.

This changed pattern creates a wave of new complaints which have nothing to do with myth. Effects are real, very serious and in many cases they feel life-threatening. Though the LFN victim does not exist (every person has his own story), there are more and more similarities in physical experiences. People suffer from a constant drone, an agitated feeling, sleeplessness, heart palpitation, cardiac arrhythmia, pressure on head and chest, pain in the joints, dysfunctions, a resonance in the chest, serious vibrations and feeling of electric pulses through the body and organs and disruption of the intestinal system. These complaints go far beyond the traditional audible perception. They show that neurological perception and effects might be even bigger and that traditional psychological solutions are not the way to respond anymore.

Local governments and engineers / sound experts nowadays are well aware of this new suffering that LFN-victims are undergoing day in, day out. They are confronted by numerous reports of people that are sick, exhausted, and socially isolated. In more and more cases noise measurements do show LFN or infrasound wave. Engineers are therefore taking the lead in addressing this changed phenomenon by investigating current and new measurement methods and are increasingly working together to be able to understand the matter and search for solutions.

It is therefore sad to hear from our members that they are mostly not taken seriously by the health sector. General Practitioners are still not familiar with the matter or diagnose it for lack of anything better as tinnitus. Health services sometimes even deny the experiences of victims, advising them to undergo psychotherapy, thereby not respecting the integrity of the victims and their ability to analyze their own experiences. Neurological symptoms are diagnosed as emotional, without even consulting a

neurologist. Even Ear, Nose and Throat (ENT) specialists have seldom been involved with any patient or medical file !

This gap between what science and what reality reports concerning LFN is worrying. LFN is expanding rapidly and more and more people are in serious physical need. Severe physical symptoms are on the rise, without any serious attention or an adequate approach. The problem is that, till now, audiological and psychological aspects have been dominant in the focus and attitude with which experts approach the matter. Sometimes even without consulting victims and therefore with little result. It is time to change the limited audiological and psychological approach and widen our view to other aspects that are much more important. Regarding the audible part of LFN, consulting an ENT specialist is much more appropriate than an audiologist. And regarding the other symptoms: This is the area of expertise of neurologists and cardiologists, not that of psychologists.

Let me repeat, LFN today goes far beyond traditional audiological and psychological matters! But in the Netherlands there is no possibility, nor climate to conduct serious medical investigation of physical LFN perception and effects of exposure to LFN, nor is there a proper board in which victims and experts work together. Both aspects are a major reason why the matter is not understood or why a one-sided view is presented, as a result of which no progress is shown/made in revealing the relation between emission and both physical and mental perception of LFN.

To us, investigation of the relation between emission and physical perception is crucial and urgent. Hundreds of LFN affected victims are on the edge of physical breakdown in a still hostile or neglecting environment. In the mean time LFN is increasing rapidly with no place or time for victims to live a normal life, nor a moment to find shelter in their own houses. It is therefore much more than just annoyance and sleep disturbance. It is real physical torture from which there is no escape.

As a foundation we are confronted with hundreds of seriously, physically affected people, both men and women, who are affected at a progressively younger age. We therefore call on all experts of all disciplines involved to work together and to involve victims in their research in a respectful manner. Their experiences and observations are real and important and every story should be respected. LFN affected people should therefore not be spoken about, but included in the research as equal partners. The approach should be a broad medical research into the physical effects of LFN on people, neurologists, cardiologists and ENT-specialists included.

Bringing research into emission and physical perception together is the final step to finally and truly understand this new health and environmental problem which is causing so much misery in our society. Engineers are already working on better methods to measure LFN. We would therefore welcome to see the RIVM, being the specialist on environmental issues, step in and take the lead and coordinate a programme in which all aspects and all partners are represented. Only in this way can the problem be solved, offering victims the prospect of a normal life again.

I really hope I convinced you today in these 10 minutes that we should put things right. LFN is not just sound. It is a new, independent physical and biophysical phenomenon which requires a broad vision. Action is needed, thorough, but swift. Every moment counts and if we do not act, victims will continue to suffer unbearably or even die. Let us not make the mistake we made with asbestos. That was no myth, LFN/infrasound is not, either.

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