

# New European Community Strategy for Health and Safety:

## The Elephant in the Room

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Although Lithuania has comprehensive health and safety legislation in line with EU requirements, on a range of general health and occupational health and safety (OHS) indicators, it is a poor performer. Survey data suggest that the norm for work in Lithuania is based on a regime of intensification without a participative working environment in which employees have a voice in safety management. Although European-style legislative reforms appear to be having no measurable effects on CHS performance in post-communist New Member States, the EU OHS strategy for 2007–2012 fails to take account of the deteriorated working environments in these states, suggesting that prospects for harmonization of working environment standards in the enlarged Europe may recede with eastward expansion. *Key words:* European enlargement; occupational health and safety; policy; new Member States; European Union; Lithuania.

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71% of Lithuanian respondents reported problems of excessive job stress and work demands. This was the highest in the European Union and can be compared to the EU25 average of 41%.—EuroBarometer, European Social Reality, Special EuroBarometer 273. Directorate General Communication, February 2007

The accession of ten new Member States to the European Union (EU) in May 2004 added 74.1 million people to the existing EU population of 382.3 million in the group of 15 existing Member States (EU15). The majority of the new arrivals (eight) were post-communist states (namely, Estonia, Latvia, Lithuania, Poland, Hungary, Czech Republic, Slovakia, and Slovenia), somewhat different in history and character from the Mediterranean islands of Cyprus and Malta, which also joined the EU in 2004. Nearly three years later, the accession in January 2007 of Bulgaria and Romania,

also post-communist states, added a further nearly 30 million people to the EU. In sum, ten of the 12 new entrants since 2004 are post-communist countries and now account for over 104 million of the total of 486 million inhabitants of the enlarged European Union (EU27).

This article examines the degree to which the evolving EU strategy on occupational health and safety (OHS) takes account of the reconfiguration of the European landscape through eastward expansion to include the countries of the former socialist world. By examining a “worst case” empirical example of one post-communist new EU Member State—Lithuania—the European Community’s new five-year OHS strategy for 2007–2012 is critiqued. A seemingly robust domestic legislative framework in Lithuania is belied by evidence of deterioration of the working environment, with increasingly ineffective implementation created by a lack of employee voice in the workplace OHS management. The adoption of increasingly industry-friendly assumptions in formulating OHS policy at the European Commission level, specifically, the shift towards a preoccupation with issues of economic growth and productivity, leaves the future of workplace safety in the new Member States in a paradoxical position. First, a brief outline of socioeconomic and public health indicators of neo-liberal Lithuania is presented. Second, results from recent surveys of the working environment are reviewed. Finally, the European Commission’s New Strategy for Occupational Safety and Health 2007–2012 is discussed in terms of issues of working environment facing the post-communist new Member States of the European Union using Lithuania as a case study.

### LITHUANIA: A BALTIC TIGER

Lithuania, as a small Baltic state of some 3.4 million, like its Baltic neighbors Estonia and Latvia, is a former Soviet republic. Following independence from the USSR in 1991 and the collapse of the socialist system, the paradigm of neo-liberal reconstruction has been enthusiastically applied by domestic elites throughout the last decade and a half under the tutelage of the IMF and OECD. Collectively, the three Baltic States and their post-communist Eastern European neighbors are deemed to have successfully completed the transition from planned to market economies and have succeeded in creating a post-communist “business-friendly

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environment.” A World Bank report providing a global ranking of 155 nations on key business-regulation reforms notes Eastern Europe in general as having achieved “the highest rate of reform of any region in the world.”<sup>1</sup> The Baltic States in particular are commended for their “remarkable achievement” in attaining a top-thirty ranking in establishing a business-friendly environment within the space of little more than a decade since introducing market economy reforms. Lithuania ranked 15th, while Estonia and Latvia ranked 16th and 26th, respectively, in terms of “ease-of-doing-business.” Market reconstruction has been a success in Lithuania and the other Baltic States if measured by economic criteria, at least for the domestic elites, who as “winners” have benefited not simply from the gains of insider privatizations, but also from the impressive rates of GDP growth (8% average for Lithuania in the second quarter of 2006 and in excess of 10% for Latvia and Estonia).<sup>2</sup> Despite these spectacular growth rates, the Baltic economies, and Lithuania in particular, remain low-wage/low productivity economies, relying on high levels of workforce exploitation and minimal state support for human resources development as well as a regressive system of taxation on personal incomes. Collectively, the three Baltic States of Estonia, Lithuania, and Latvia have the lowest labor productivity rates in the EU25.<sup>3</sup> Informed prognosis suggests it will take at least another three decades before Lithuanian GDP reaches even three-fourths of the EU average, the longest time lag of all of the former communist new EU entrants in 2004, with the exception of Poland.<sup>4</sup>

## STRUCTURAL INDICATORS

While there have been “winners” in the process of transition, there have been more losers. Almost one in three



*The Baltic States*

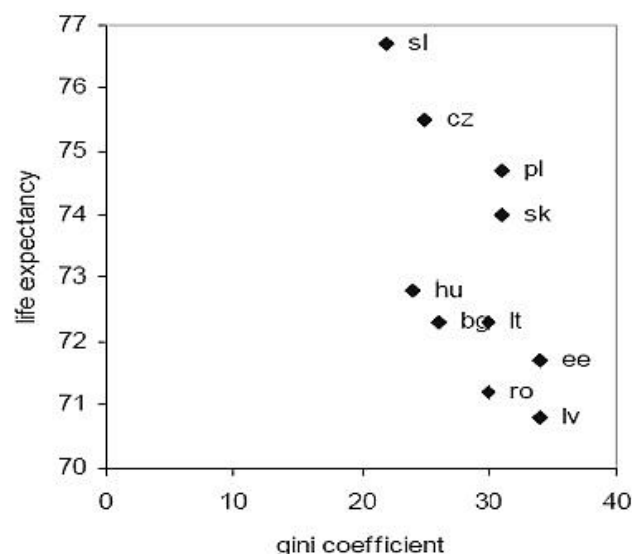


Figure 1—Relation between income inequality and life expectancy in the new Member States. Source: *Health Status and Living Conditions in an Enlarged Europe, 2005*: 64.

people in the EU 25 earn less than 75% of its average income per head, and two thirds of these people live in the new Member States and account for some 95% of their population.<sup>5</sup> In 2005 some 16% of the population of the EU25 was “at risk of poverty after social transfers.”<sup>6</sup> This can be compared with the figure of 21% for Lithuania (equaled only by Poland), the highest in EU. Income inequality in the EU25 as measured by income quintile share averaged a ratio of 4.9 in the EU in 2005. The ratio for Lithuania was 6.9 (which ranked the second most unequal society in the whole EU after Portugal (8.2)).<sup>3</sup> The measurable impacts of general inequality in generating specific and *growing* health inequalities *within* the Lithuanian population have also been recorded in recent studies.<sup>6–8</sup> The correlation between detrimental health outcomes and social inequalities is illustrated in Figure 1. Those countries with higher income inequality, specifically the Baltic States regional cluster (*lt*, *lv*, *ee*) together with the more disadvantaged new Member States of Romania and Bulgaria (*ro*, *bg*), which joined the EU in 2007, have lower life expectancy than those in which the gini co-efficient is less.

Viewed in historical perspective, the period of post-communism, roughly 1990 onwards, has not seen a significant improvement in the health or well-being of populations in Eastern Europe. Quite the contrary, a previous comparative study of mortality in EU countries notes “avoidable mortality among Lithuanian men in 2002 was almost identical to the 1990 level, so widening the gap with Swedish men who experienced a steady improvement over the same period, resulting in rates for Lithuanian men exceeding those in Sweden by more than three times.”<sup>9</sup> Such widening disparities can be illustrated by a plethora of data from the EU’s New

Cronos database of structural indicators.<sup>3</sup> The EU25 average national expenditure on health care was 7.4% of GDP (estimate for 2005). Lithuania's national expenditure on health care was 3.8% of GDP, the second lowest in the EU25, only fractionally greater than that of Latvia (3%).<sup>3</sup> While the average male life expectancy in 2005 in the EU25 was 75.8 years (provisional figure), Lithuania's average male life expectancy was 65.4 years, the lowest in the EU.<sup>3</sup> Moreover, the Lithuanian male life expectancy rate shows no measurable improvement in recent years.<sup>10</sup> In 2005, deaths due to cancer for men in the EU25 were at a standardized death rate (SDR) of 241.6 per 100,000. Ischemic heart disease rate for men in the EU25 in 2004 was 131.8 per 100,000. Lithuania's rate for the same year—449.4 per 100,000—was three times this average, and in 2005 at the SDR of 490.6 per 100,000 was the highest in the EU.<sup>3</sup> Chronic liver disease for men in the EU25 was at the SDR of 19.8 per 100,000 in 2004. Lithuania's rate was nearly double, at 32.2 per 100,000 in 2004, and in 2005 at 39.4 per 100,000 was again the highest in the EU.<sup>3</sup>

Some indication of the health detriments in post-communist society can also be gleaned from the following data. Deaths of males due to homicides in Lithuania rank consistently third highest in the EU, after its Baltic neighbors Estonia and Latvia. The rate of 12.4 homicides per 100,000 in 2004 can be compared with the EU25 average of 1.4.<sup>3</sup> The recorded male suicide rate in the EU25 in 2004 was 18 per 100,000. The Lithuanian rate for the same year was approximately four times greater, at 70 per 100,000, the highest in the EU.<sup>3</sup> Fatal accidents from all causes for males occurred in the EU25 at the SDR of 39.1 per 100,000 in 2004.<sup>3</sup> The Lithuanian rate in 2005 was four times greater, at 168.9 per 100,000, once more the highest in the EU. Female fatal accident rates followed the same pattern.<sup>3</sup> Total deaths due to transport accidents (men and women) were at SDR of 10.1 per 100,000 in 2004 in the EU25. Lithuania's rate was more than double, at 24.0 per 100,000, again the highest in the EU.<sup>3</sup> On average, in any 24-hour period in Lithuania, there are two transport deaths and three suicides in what is a very small country.<sup>11</sup> A bleak summary comment is apposite: in Lithuania today, mortality levels, due to causes both external and self-inflicted, are higher than practically anywhere else in Europe.

The linkages between general public health indicators and poor outcomes in terms of health and safety in the workplace are difficult to specify. The literature on occupational health and safety lacks studies that locate problems of the workplace in the context of wider social and health inequalities. Nevertheless, the picture of Lithuania represented here suggests that the scale of problems in each sphere cannot be artificially separated. Whatever the 'legacy' of Soviet times, 15 years of "adjustment" to market building in a "tiger economy" has exacted enormous costs on its population. In the

next section the specific working environment impacts of transition are examined.

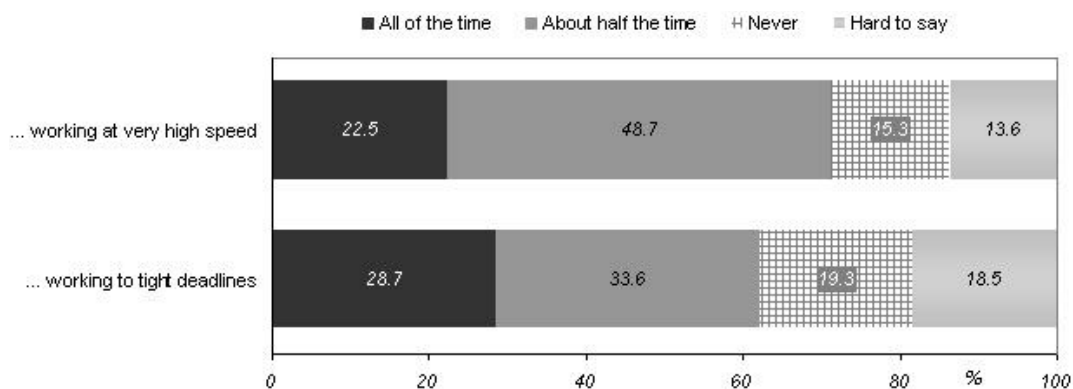
## WORKPLACE SAFETY AND HEALTH IN LITHUANIA

Three recent surveys shed light on working conditions in the Baltic States. The first, the Working Life Barometer in the Baltic Countries 2002, was carried out by the Finnish sociologists Antila and Ylöstalo replicating a previous survey in 1998.<sup>12</sup> The second, the European Foundation's Fourth European Working Conditions Survey covering the 27 EU Member States as well as candidate countries, was carried out in 2005. This again largely replicated a previous survey carried out in 2001.<sup>13</sup> The third survey, conducted by the current authors comprises the Baltic Working Environment and Labor (BWEL) Survey, conducted in the second half of 2006 and the first months of 2007 in Estonia, Latvia and Lithuania.<sup>14</sup> The BWEL survey comprises a structured sample weighted according to the relative contribution to GDP of individual NACE categories for 1,200 respondents in each of the three Baltic States. Here, the Lithuanian data only are reported. First, general evidence of work intensification is examined, a factor that is difficult to measure but frequently linked to increasing accident and illness rates for employees.

### *Work Intensification*

One of the key features of the reconfiguration of labor and of the workplaces of the new market economies has been the systematic intensification of work. The Working Life Barometer study reported that the largest increase in work intensity in the Baltic States between 1998 and 2002 had occurred in Lithuania.<sup>12</sup> The Fourth European Working Conditions Survey also suggests an increase in work intensity between 2001 and 2005.<sup>13</sup> The BWEL survey confirms a trend to increasing work intensity in Lithuania (Figure 2). In response to the question "Does your job involve working to tight deadlines and working at very high speed?" 48.7% of Lithuanian workers felt that their jobs involved working at very high speed about half the time while a further 22.5% claimed they did so all of the time (total 71.2%). One third of Lithuanian employees (33.6%) felt that their jobs involved working to tight deadlines half the time, and a further 28.7% claimed to work to tight deadlines all of the time (total 62.3%). However, the Fourth European Working Conditions Survey proposes a work intensity index based on an average of responses to the two questions above, which places Lithuania second from the bottom, above only Latvia in terms of the least work intensity in the EU.<sup>13</sup> The latter findings are difficult to explain and present a serious anomaly between our findings and those of the European Foundation, which reports increasing work intensity as part

Figure 2—Does your job involve . . . ? Base: all respondents, n = 1,200. Source: BWEL survey 2006–2007.



of a broader European picture, experienced particularly acutely in the new Member States.<sup>13</sup> It is suggested, however, that, taken together with a variety of other indicators of work intensity suggested in the BWEL survey, the weight of evidence supports the general view advanced here.

Respondents were asked to compare intensity/working pace in order to give a more general assessment of how the working tempo at the respondent's workplace has changed during the year preceding the survey (Figure 3). The Working Life Barometer study found that in all the Baltic countries, slightly under half of the workers were of the opinion that some increase in the work tempo had occurred at their workplaces. However, only one in ten respondents (11%) in Lithuania had experienced a significant increase of the working pace, and a further 34% only "somewhat."<sup>12</sup> By contrast, the BWEL survey reveals one in four (23.2%) of Lithuanian respondents reporting that their work intensity/working pace in the previous 12 months had increased considerably and a similar proportion, slightly (29.5%) (totaling 52.7%). This suggests a sharp quickening in the tempo of working activity.

### Working Hours

Long hours appear to be the norm in contemporary Lithuanian workplaces as measured by the aggregate number of hours comprising the working week. Two thirds (65.6%) of Lithuanian respondents in the BWEL survey report working 40–49 hours per week, while over one in ten (12.3%) report working 50 or more hours per week (Figure 4). In total, more than four out

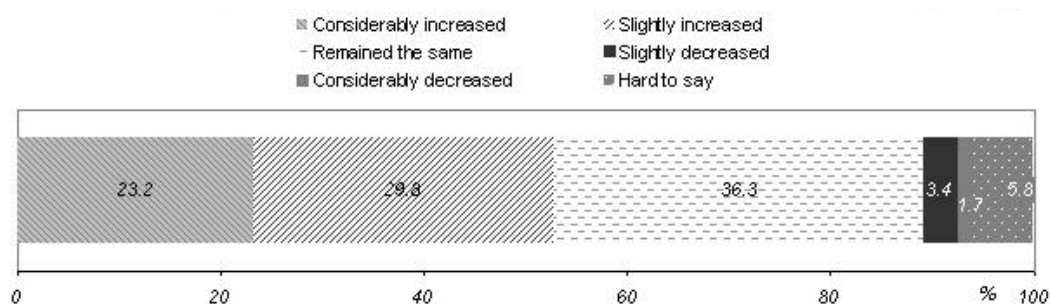
of five Lithuanian employees claimed that they were working more than 40 hours per week. Only 15% of respondents claimed to be working less than 40 hours per week.<sup>3</sup> The Fourth European Working Conditions Survey, however, suggests that in the new Member States "the proportion of people working more than 41 hours per week has decreased considerably since 2001, while the proportion of people working shorter hours is gradually increasing."<sup>13</sup> It is also suggested that the number of workers in Lithuania who work long hours (more than 48 hours per week) is not markedly above the EU27 average.<sup>13</sup> The variance with the BWEL survey data is again difficult to explain.

Another indicator of work intensification is the requirement to work unsocial hours involving weekend working, or work in early morning or in the evenings (Figure 5). Approximately one fourth of Lithuanian BWEL respondents (25.3%) frequently and a further third (35.1%) occasionally were required to work at weekends. One in six (14.8%) frequently and a further one in three (37.8%) occasionally worked unsocial hours, including early morning or evening work.

BWEL Lithuanian respondents reported extensive overtime hours (42.4% sometimes and 11.5% regularly; Figure 6). The Working Life Barometer in 2002 reported 39% of employees in Lithuania working overtime.<sup>12</sup> The newer BWEL data suggest that the actual volume of overtime working may be increasing in Lithuania.

Of those who reported working overtime, in total about half (54%) of the respondents, one third (33.1%) estimated this at between 1 and 3 hours per week, one in five (22.3%) reported working 4 to 6 hours, a further one in five (22.3%) reported working 7 to 10 hours,

Figure 3—Compared with one year ago, how have work intensity and working pace changed during the last 12 months? Base: all respondents, n = 1,200. Source: BWEL survey 2006–2007.



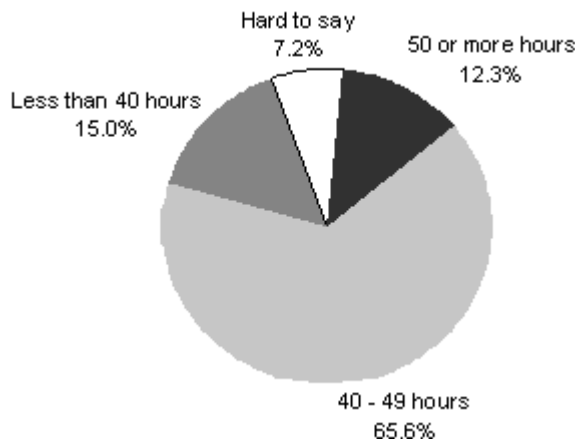


Figure 4—How many hours do you usually work per week in your main paid job? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

while over one in ten (12.2%) reported overtime of 11 hours or more per week (Figure 7). In total, more than a third of the respondents (34.5%) claimed to be working more than 7 hours of overtime per week. While reported overtime working in Lithuania appears to have increased since the Working Life Barometer study in 2002, the actual mean per respondent of paid overtime has decreased slightly from 10.6 hours to 7.1 hours (the highest figure in the three Baltic States).

While working hours are long and overtime work is prevalent, approximately half of those who worked overtime in Lithuania (42.2%) did so on an unpaid or on a partially paid basis, while a further 30.3% reported being paid at standard rate, and only 14.7% reported being paid at a premium rate (Figure 8). Results from the Fourth Working Conditions Survey rank Lithuania lowest in the entire EU in terms of extra pay for overtime, Sunday work, adverse working conditions, or any other reason.<sup>33</sup> BWEL survey data indicate that the mean for unpaid or only partially paid overtime (6.9 hours) was approximately the same as that for paid overtime. This suggests that overtime is required by employers on a routine basis as an expected part of the job, often on an unpaid basis, rather being a means for employees voluntarily to enhance their wages. The

occurrence of unpaid overtime may also be a factor in explaining the variance between BWEL data on the actual amount of working hours and those of the European Foundation, insofar as unpaid work may be substantially underreported.

In sum, the BWEL survey evidence suggests intensification of work effort is a prevailing feature of the working environment in Lithuania today although evidence from the Fourth Working Conditions Survey is less clear. While the Working Life Barometer in 2002 suggested that in all three Baltic States there was still definitely room for work intensity to be stepped up, particularly so in Lithuania, four years later it seems clear that the ‘intensity gap’ has been dramatically closed, as evidenced by data on the above issues: working at very high speed, working to tight deadlines, changing the work intensity in the previous twelve months, working at weekends and unsocial hours, long hours spent in main job and long hours of (unpaid) overtime.

### Physical Working Conditions

Asked “How well informed do you feel about the risks to your health and safety in your job?” (Figure 9) about a fourth of BWEL survey respondents reported that they were very well informed (27.3%), and a further half (45.9%) reported that they felt rather well informed (total 73.2%). This compares well with data reported in the Fourth European Working Conditions Survey, whereby 88.3% of respondents in the new Member States felt well informed about health and safety risks (and a slightly higher reported figure for Lithuania at 85.6%).<sup>13</sup> About one in ten (9.4%) of BWEL respondents claimed that they were fairly poorly informed, and a similar proportion (8.3%) felt that they were very poorly informed. While this picture may be reassuring at a general level, when asked about specific workplace physical hazards a rather different view emerges however.

BWEL respondents were asked to identify various physical working environment factors of concern (Figure 10). Problems in the workplace perceived as serious or minor were: extremes of temperature (49.3%); noise (42.0%); poor lighting (37.5%); lack of

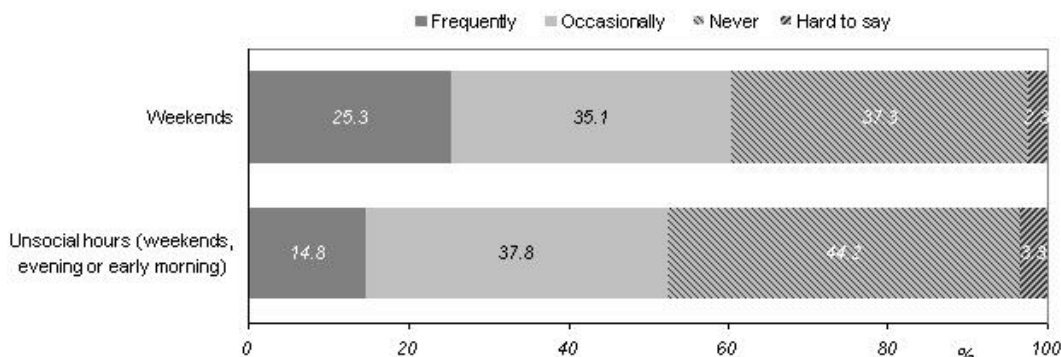


Figure 5—Please say if you are required to work at . . . Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.



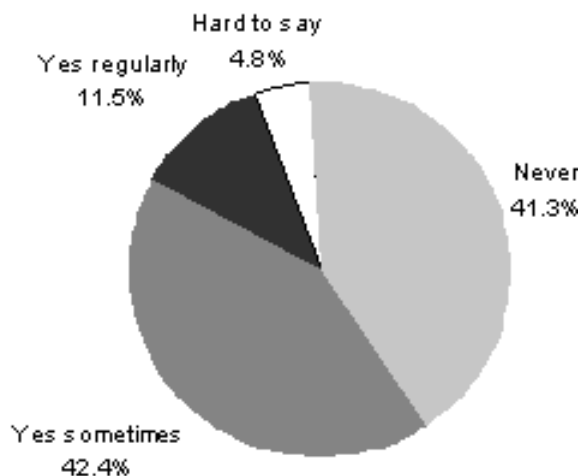


Figure 6—Do you work overtime? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

space (36.3%); and toxic chemicals (28.8%). Less serious but still identified as serious or minor problems were: dangerous machinery and equipment (24.0%); badly designed display screen equipment (22.8%); badly designed work stations (22.8%); poorly functioning extraction equipment (20.6%); faulty electrical appliances (17.7%); lack of adequate machine guards (14.8%); and lack of own personal protective equipment (14.3%). Repetitive work seems to be a particular problem in Lithuania, with 70% of respondents reporting this all the time, while carrying or moving heavy loads affected 12.8% all the time, both indicators being the highest in the three Baltic States. These data can be compared with the Fourth European Working Conditions Survey results, which would seem to confirm the picture of generally poor physical working conditions. In a ranking of EU27 Member States, the three Baltic States featured in the top five countries reported as ‘most exposed’ (exposed more than a fourth of the time) with respect to 11 of 15 hazards. Lithuania ranked among the top five most exposed countries for nine of these physical hazards (vibrations, noise, low

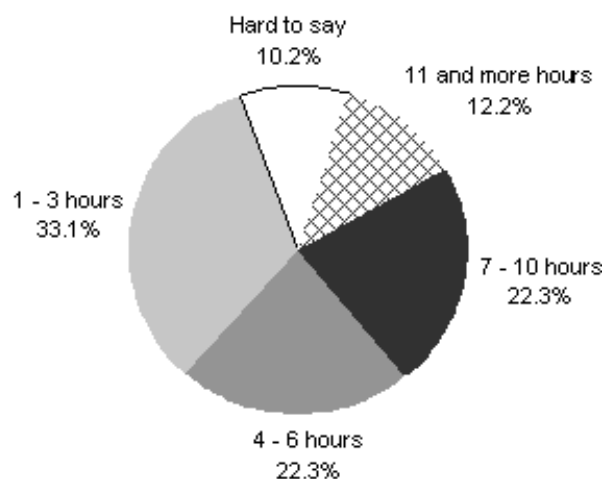


Figure 7—How many hours per week do you work overtime? Base: respondents who work overtime,  $n = 647$ . Source: BWEL survey 2006–2007.

temperatures, vapors, handling chemicals, infectious materials, heavy loads, standing and walking, repetitive hand and arm movements).<sup>13</sup>

#### Psychosocial Aspects of the Working Environment

BWEL survey data suggest 77.7% of Lithuanian respondents were satisfied in general with their work. The Fourth European Working Conditions Survey found a slightly lesser figure of 67.4% of Lithuanian respondents being satisfied or very satisfied with working conditions. The latter figure can be compared, however, with the expressed average satisfaction levels for the EU25 of 83.2%. Lithuania ranked at second lowest in expressed job satisfaction in the EU25 (after Greece at 59.9%).<sup>13</sup>

However, as with physical work hazards, while answers to such general questions are suggestive, more convincing evidence is provided in detailed responses to specific questions with regard to perceived work-related health problems (Figure 11). In the Fourth European Working Conditions Survey nearly half the Lithuanian respon-

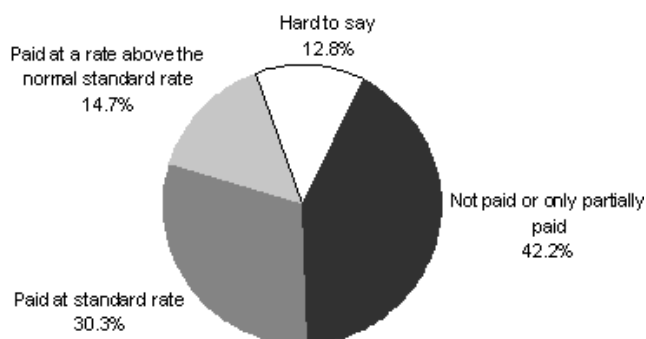


Figure 8—How is overtime work paid for? Base: respondents who work overtime,  $n = 647$ . Source: BWEL survey 2006–2007.

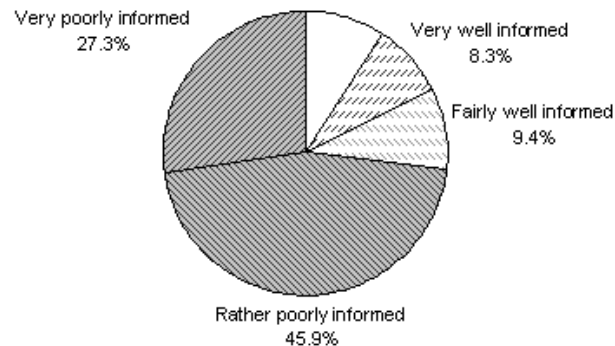


Figure 9—How well informed do you feel about the risks to your health and safety in your job? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

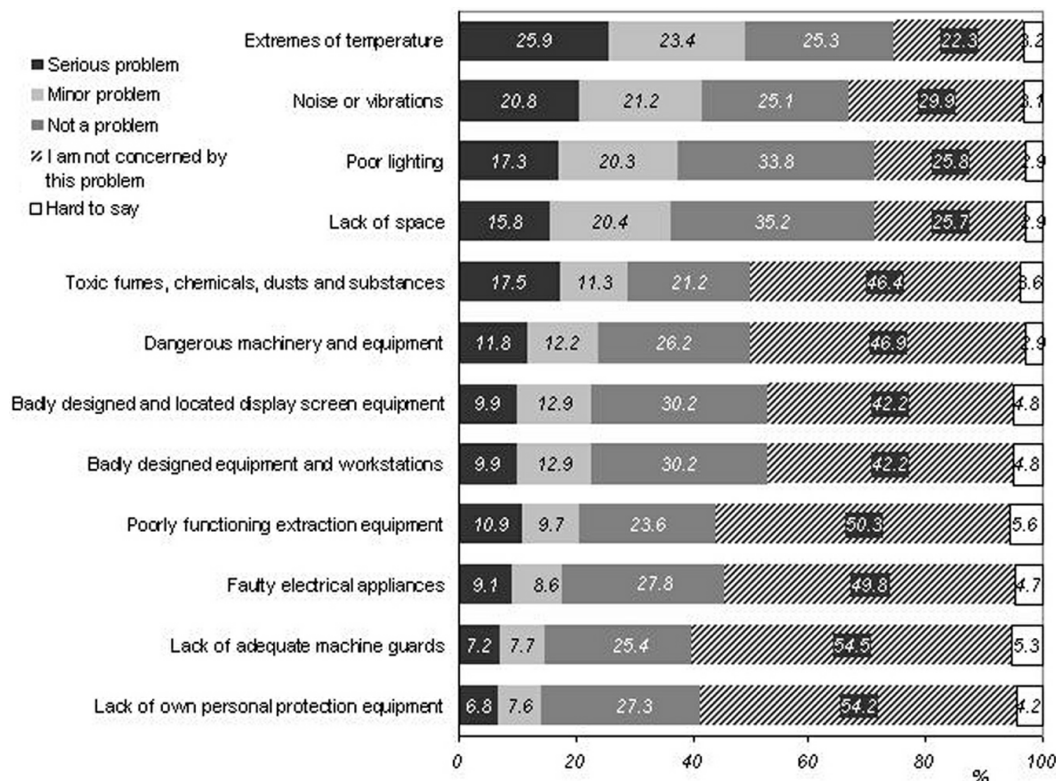


Figure 10—Please evaluate if following factors, in your opinion, present a problem in your workplace for you personally? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

dents (43.4%), compared with a 27.5% average for the EU25, considered their health and safety at risk because of work. Lithuania ranked in the first three countries, after Latvia and Slovakia.<sup>13</sup> In the BWEL survey, asked whether health or safety is at risk because of work, one in five respondents (17.5%) claimed certainly and a further fourth (22.9%) to some extent (approximately 40% of respondents in total). The reported perceived negative impact on health due to work is therefore in line with the European Foundation data.

Responses to detailed questions about a variety of indicators relating to specific health problems arising from the work situation are even more revealing. The BWEL survey data (Figure 12) can again be compared directly with the Fourth European Working Conditions Survey.<sup>13</sup> Thus, perceived work-related health problems in the BWEL data in rank order were: stress 39.4% (31.0%); irritability 32.9% (15.2%); upper body muscular pains 30.7% (35.7% undifferentiated); head-aches 30.3% (25.4%); overall fatigue 29.1% (40.7%); anxiety 28.8% (15.2%); lower body muscular pains 28.5% (35.7% undifferentiated); problems with vision 25.5% (21.1%); sleeping problems 24.0% (19.1%); skin problems 12.3% (15.3%); allergies 11.7% (8.4%); heart disease 8.9% (7.7%); respiratory problems 8.5% (14.0%); injuries 7.8% (14.8%); stomachaches 5.6% (11.3%); asthma or other respiratory problems (5.5%) (no data); hearing problems 5.3% (11.6%). Overall, the degree of correspondence between the two data sets is remarkable.

The Working Life Barometer noted in 2002 that of the three Baltic countries, “mental stress at work has

clearly increased the most in Lithuania.”<sup>12</sup> The European Foundation’s Fourth European Working Conditions Survey found 31% of Lithuanian respondents reporting stress problems, which, although higher than the EU25 average (21.2%), corresponds to the average for the new Member States (30.4%).<sup>13</sup> BWEL survey data on satisfaction with “stress levels related to the demands of your job” found a similar proportion of one third of respondents (32.3%) partially or wholly dissatisfied.

Control or autonomy over one’s work is also explored in the Fourth European Working Conditions Survey. Respondents were asked whether they could take a break when they wanted to. Only 33.4% of Lithuanian respondents answered affirmatively, rank-

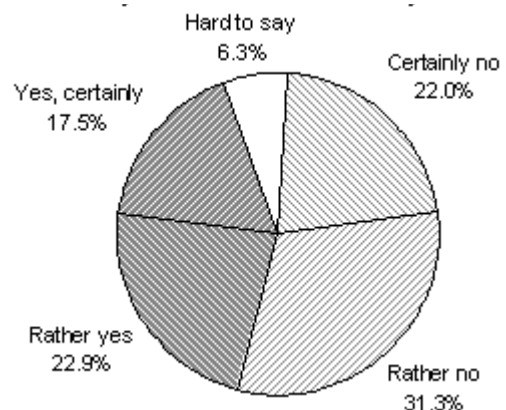
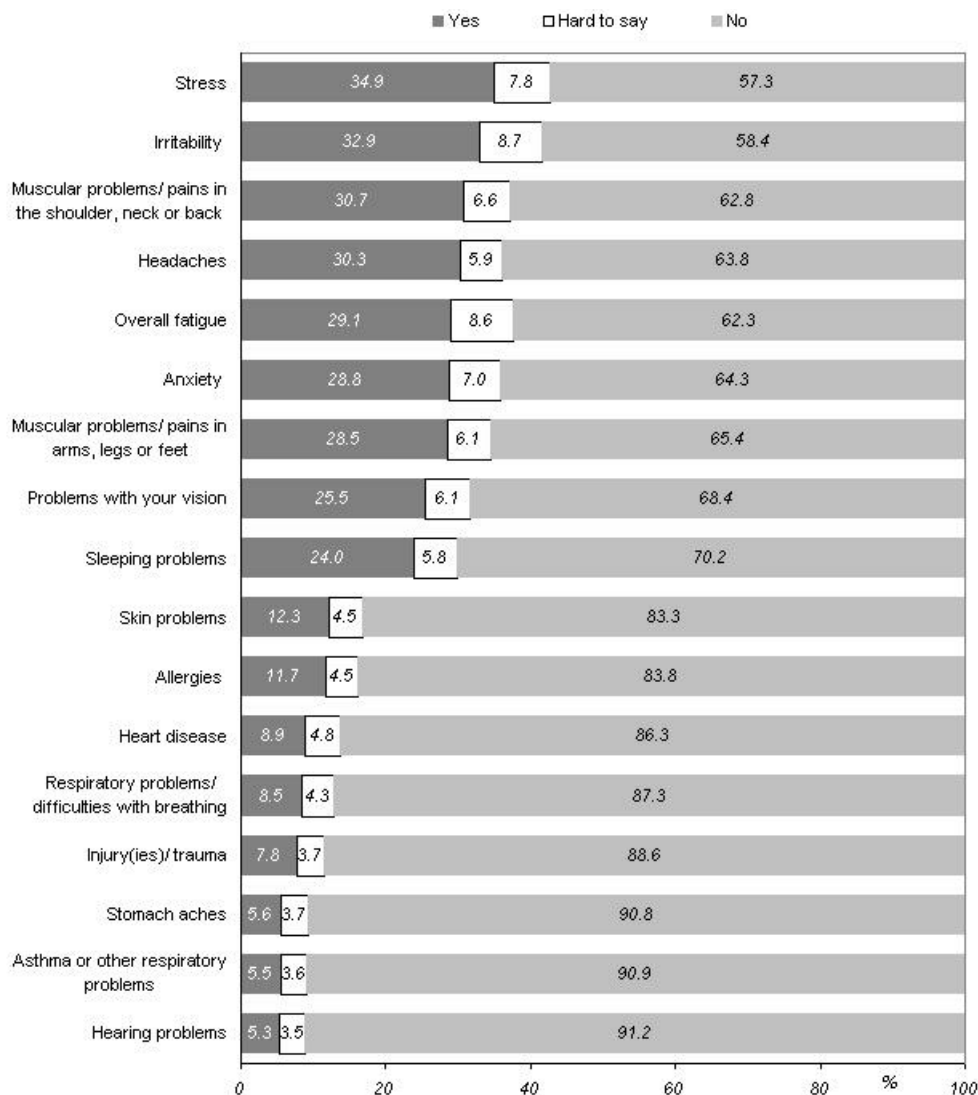


Figure 11—Do you think your health or safety is at risk because of your work? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

Figure 12—Please tell if you have any of the below mentioned health problems associated with your current work situation. . . . Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.



ing Lithuania lowest in the EU25 (EU average of 44.4%).<sup>13</sup> Regarding the opportunity to apply their own ideas at work, 46.0% of Lithuanian respondents were affirmative, again lowest in the EU25 (EU average 58.0%). Regarding being subject to regular formal assessment of performance, 64.9% of Lithuanian respondents were affirmative, the highest score in the EU25 (EU average 39.9%).<sup>13</sup> The BWEL survey posed a rather different set of questions. Respondents were asked whether they were able to choose or change their: order of tasks (12.9% affirmed all the time); methods of work (25.0% affirmed all the time); speed or rate of work (27.0% affirmed all the time). These results are generally in line with the above, suggesting that only a minority of Lithuanian respondents have a sense of autonomy in their work.

However, perhaps the most worrisome data regarding the social atmosphere of working life in Lithuania today relate to issues of bullying and harassment. One in ten respondents (10.1%) indicated these factors as problematic, a figure that can be compared with the

EU25 reported average of 5.1%.<sup>13</sup> Lithuania ranked a clear first among the new Member States (fourth overall in the EU, behind Finland, The Netherlands, and Luxemburg). The BWEL survey asked respondents to indicate how often they were treated with lack of dignity or respect, for example with verbal abuse. In total, 15.6% of respondents claimed this was a problem in their workplaces all or some of the time, a proportion which, although high, is actually somewhat less than those reported for the other two Baltic States. In terms of perceived discrimination on grounds of age, Lithuania ranked second only to another new Member State (the Czech Republic), with 4.9% of respondents indicating this as an issue of concern, which can be compared with the EU25 average of 2.7%.<sup>13</sup> Of Lithuanian BWEL respondents, 10.1% also identified age discrimination as a problem all or some of the time, the highest figure for the Baltic States. One in four BWEL respondents in Lithuania also admitted either completely or partially to being afraid to take time off work because of illness or injury for fear of losing their jobs.



Taken together, these data suggest that an authoritarian and sometimes abusive culture often prevails in the workplaces of contemporary Lithuania.

In summary, the indicators discussed suggest both a deteriorated as well as a deteriorating working environment in Lithuania today, as measured by a variety of physical and other psycho-social indicators of the quality of working life. The data stack up in what can only be described as a compelling manner. They raise awkward questions about what an appropriate ameliorative strategy for securing health and safety improvements would be, both at the level of the workplace and more widely in terms of the effective governance of health and safety within EU new Member States such as Lithuania.

## WORKFORCE INVOLVEMENT IN HEALTH AND SAFETY

One of the cornerstones of the European Union's previous occupational health and safety strategy (2002–2006) to secure harmonized standards across the Member States has been the attempt to promote a “culture of risk prevention” in the workplace.<sup>15</sup> This goal was to be achieved by relying “on legislation, the social dialogue, progressive measures and best practices, corporate social responsibility and economic incentives—and on building partnerships between all the players on the safety and health scene.” Such an approach implies not only a high level of both employer and employee risk awareness, but also the encouragement of a participative working environment in which employees have an organized voice in social dialogue and can raise issues of workplace health and safety through elected workforce representatives.

The Commission accordingly has called for strengthening the social dialogue at all levels, particularly in firms. This approach is shaped by the European Framework Directive on health and safety, which requires that “workers and/or their representatives must be informed of the risks to their safety and health and of the measures required to reduce or eliminate these risks” and that “they must also be in a position to contribute, by means of balanced participation in accordance with national laws and/or practices, to seeing that the necessary protective measures are taken.”<sup>16</sup> Arrangements for representation of employees in health and safety at work are therefore a general obligation on Member States (part of the adoption of the *acquis communautaire* that comprises the body of EU law).

Typically, such representational channels may be either via individual safety representatives in smaller enterprises or via elected committees of health and safety workforce representatives meeting together with employer representatives on a periodic basis in larger enterprises. The Lithuanian Labor Code adopted in 2002, together with amended occupational health and safety legislation which came into force in 2004, pro-

vides a model of legal facilitation, with the rights and duties of workforce representatives specified in detail.<sup>17</sup> There is even a specific role for trade unions in health and safety representation at the level of the workplace where they have a workplace presence. Where trade unions do not exist, employee representation is possible through employee-elected labor councils.<sup>18</sup> In either case, in enterprises of more than 50 employees, safety representatives and the setting up of a joint safety committee are mandatory. In smaller enterprises of fewer than 50 workers, employees may elect a representative on health and safety on their own initiative, or management may invite workers to elect such a representative. A safety committee may be established on the initiative of the employer or the workers' representative, or on the proposal of more than half of the workers.<sup>18</sup> Such workers' representatives have quite extensive specified rights to suggest safety improvements, to take part in risk assessment and planning, if necessary to inform the State Labor Inspectorate of problems, and to receive information.<sup>18</sup> In addition, there are specific legal protections for representatives in the performance of their duties, as well as protection from dismissal or employer hostility arising from these activities.

The implementation of this legislation coincides exactly with inauguration of the European Commission's previous strategy from 2002 onwards. Data from the State Labor Inspectorate report for 2005 would seem to suggest variable compliance with the formal requirements of the legislation.<sup>19</sup> Of 14,715 enterprises inspected, nearly one in ten (1,372; 9.3%) had failed to create health and safety committees or elected employee representatives. Of the noncompliant enterprises, 98.0% employed fewer than 250 persons (classified as small and medium-sized enterprises). Only 2.0% of large companies employing 250 or more persons had not met requirements for representation. However, there are only just over 1,000 enterprises in Lithuania that employ more than 250 persons. Some 252,000 enterprises may be classified as small and medium-sized (of which 234,000 employ fewer than 10 persons), comprising a sector that has traditionally performed more poorly in promoting health and safety at work. It is here that the bulk of the noncompliance with either domestic legislation or European strategy is to be found, a situation that is probably not untypical throughout the new Member States. Unsatisfactory as this may be, it provokes the question of how effective those health and safety arrangements that have been put in place actually are.

BWEL survey data provide a view of the effectiveness of such representational arrangements where they exist (Figure 13). The first figure presented attempts to ascertain the visibility of health and safety representation structures in employees' perceptions. It would appear that two thirds of employees (66.5%) are unaware of any representational arrangements relative to safety and health in their enterprise.

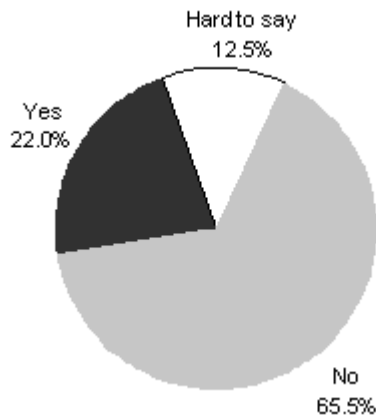


Figure 13—Do you have a safety and health workforce representative and/or a health and safety committee member elected from the workforce in your workplace? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

More concretely, all respondents were asked “From whom do you normally receive health and safety advice?” (Figure 14) in order to ascertain the perceived relative importance of different channels of information regarding safety and health at work. Employees appeared to receive health and safety advice most frequently (regularly or sometimes) from their fellow workers (72.2%), supervisors on the job (65.5%), training courses (32.2%), and special leaflets and media (28.6%). Only 15.1% of Lithuanian employees claimed to have received health and safety advice from safety committee representatives, while trade unions were identified as providing health and safety advice by only 6.7% of respondents. This suggests that much communication of health and safety advice is of an informal on-the-job nature, mainly between workers and their supervisors or work colleagues, and that the more formal role of organized safety representatives and

trade unions in the process of health and safety management is marginal at best. In sum, the main representational structures regarding health and safety are neither perceived nor regarded as important sources of health and safety advice for the workforce.

All BWEL respondents were asked to express their views of desired improvements in health and safety in the workplace (Figure 15). A majority of respondents (52.7%) expressed the view that there should be more cooperation between managers and workers on health and safety issues. This consensual rather than adversarial approach to health and safety issues is underlined by responses to the following questions: “the possibility of more severe penalties for employers who break health and safety rules” supported and rejected by almost equal proportions of employees (34.4% in favor and 36.2% against); “more personal responsibility with regard to working in a safe manner by fellow workers” (32.6% in favor and 38.8% against). It would appear that the behaviors of fellow workers were seen to be as much of an issue as any *misbehavior* on the part of management. Respondents almost equally rejected and supported the idea of further sanctions. Increased training, better health monitoring, improved equipment maintenance, and personal protective equipment were even less desired routes to safety improvements, and supported by only minorities (a third to a fourth) of respondents. The *least* supported safety improvements respondents expressed a wish for were “more power for safety committees to raise issues with management” (24.7% in favor) and “stronger trade union influence on health and safety questions” (21.2% in favor). However, about a third of the respondents indicated “hard to say” in a response to the latter two questions, indicating that there was some underlying uncertainty on these issues.

Those employees who claimed that there *were* representational arrangements on health and safety were

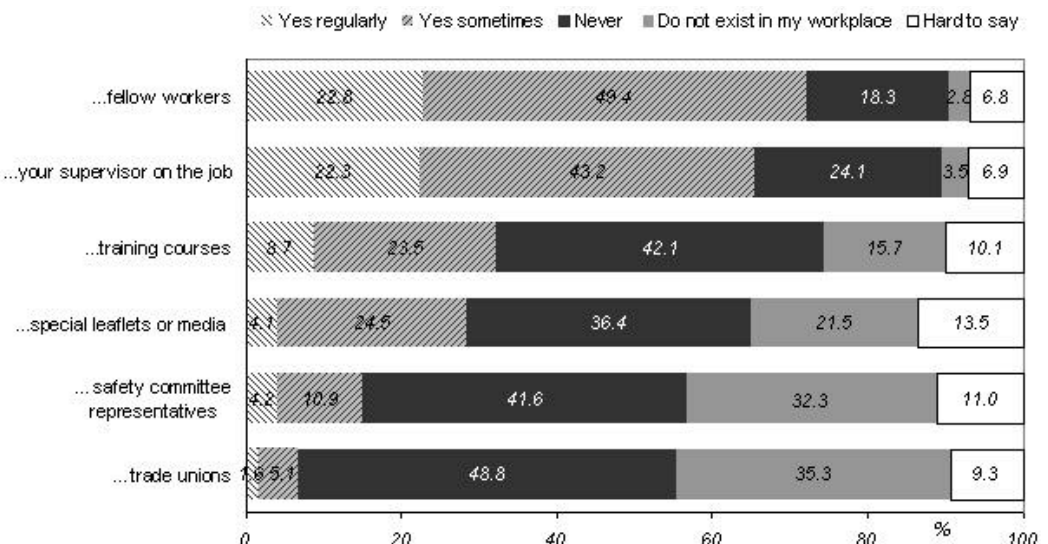


Figure 14—Do you normally receive health and safety advice from. . . ? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

Figure 15—What improvements in health and safety would you like to see in your workplace? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.



asked their views (Figure 16). In response to the statement regarding health and safety representation as being a good idea, only one in ten (11.0%) expressed a negative attitude, while the majority (77.2%) was favorably inclined. It would seem that once employees have established some form of representation it is positively regarded. Currently, however, there appears to be a realistic recognition among employees of the low efficacy of such representational arrangements in Lithuanian enterprises. This raises the question of whether the objective of a participative working environment can be realized within a broader societal context of generalized workforce disempowerment.

## DISEMPowerMENT AND DIALOGUE

For Lithuania independence from the Soviet Union in 1991 ushered in a new era which meant difficult problems of adjustment to new economic and social circumstances. The period of transition in the 1990s resulted in mass hardship for many in the working population—declines in living standards, social benefits, real wages, and working conditions. In a society of rampant individualism, workers found themselves forced to rely on their own wits in the new and harsher labor market. Trade unions had to try to develop a novel role as bargaining representatives for employee interests, independently of enterprise managers and the state. This occurred at a time of massive economic restructuring and privatization. Trade union membership in

Lithuania, as elsewhere in many parts of Central and Eastern Europe no longer compulsory in the post-communist era, plunged to catastrophically low levels. Currently about 14% of the Lithuanian workforce, mainly concentrated in the public sector, are trade union members.<sup>20</sup> In post-communist societies, to undertake any form of collective social organization has been against the grain of the liberal ethos that guides economic development. The weakness of social relations in post-communist Lithuanian civil society can be gauged from the extent of active participation in voluntary organizations, including trade unions, which in the EU25 averaged 34%, whereas Lithuania scored a mere 11%—the lowest of all Member States.<sup>21</sup> At the workplace level, therefore, particularly among private-sector small and medium-sized enterprises, collective forms of established industrial relations bargaining are almost entirely lacking.<sup>22</sup> Workforce representation is seen as a throwback to the previous regime, and therefore a potential challenge to new-found managerial prerogatives. Management hostility remains strong towards any form of collective workforce empowerment in new market economies, particularly in the private sector, even with respect to issues such as workplace health and safety.

Nevertheless, despite these objective and subjective barriers to collective organization, employees in new Member States are increasingly seeing the need for some form of collective response to issues of workplace terms and conditions. Whether they think that existing organizations and structures are capable of addressing

their concerns effectively is another matter. The authors of the Working Barometer Survey of the Baltic countries in 2002 suggested that in the event that one does not trust collective bargaining and its currently prevailing possibilities or procedures, then “it may be wisest to rely on one’s own negotiation skills. Perhaps for this reason, the Lithuanian answers reflect a subtle contradiction: despite the hopes of collective bargaining, about half the employees nevertheless believe that it is wisest to negotiate wages oneself as a general rule.”<sup>12</sup> Evidence from the BWEL survey four years later suggests employees were even more inclined to seek individualistic solutions to wage-related issues, with nearly four out of five (79.9%) agreeing that salaries are best discussed with the employer on a one-to-one basis. Only 10.2% expressed a desire for the involvement of labor-market actors, in the form either of workplace representatives or national trade unions. However, on health and safety issues the findings were rather less clear-cut.

When it comes to issues of workplace health and safety, there appears to be an underlying consensualism that provides support for more collectivist approaches. The Working Barometer Survey suggested that as far as safety and health at work was concerned, there was “some degree of support also for centralized, national-level agreements—in other words, in the opinion of wage earners, there would clearly be room for more active effort by the trade unions in this respect.”<sup>12</sup> This view is supported by BWEL survey responses to the question as to whether employees’ safety and health at work issues are best discussed individually or collectively (Figure 17). In contrast to the overwhelming rejection of collectivist approaches on wages, and while a slight majority of respondents endorsed an individualistic approach, a substantially higher proportion of respondents (29%) were prepared to contemplate a

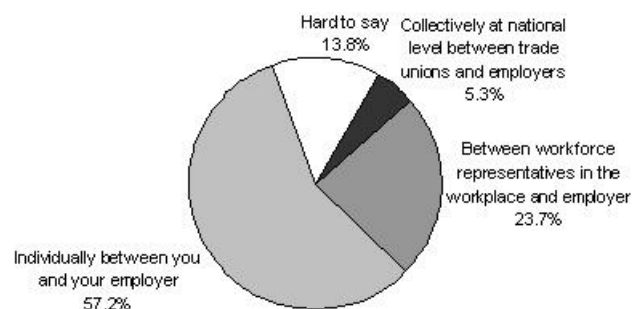


Figure 17—Do you feel that employees’ safety and health at work issues are best of all discussed individually or collectively? Base: all respondents,  $n = 1,200$ . Source: BWEL survey 2006–2007.

role for either workplace representatives or national trade union actors. This suggests a more complex pattern of motivations and attitudes than the simple deterministic “legacy” argument that has prevailed in academic discourses hitherto. Much of the supposed “individualism” of the workforce is perhaps imposed by the objective circumstances in which it finds itself. This also underscores the need to understand the contradictory sociodynamics of post-communist societies such as Lithuania to ensure that policy prescriptions facilitate emerging practices and social realities.

Evidence of a more nuanced set of views about the role of collective representation on health and safety issues poses an interesting question: what does the new EU strategy for occupational health and safety for 2007–2012 have to offer that might consolidate a participative culture of risk prevention, possibly strengthening the latent or potential support for an expansion of collectivist solutions to problems of working environment, especially in post-communist new Member States such as Lithuania?

## EUROPEAN COMMISSION’S NEW STRATEGY FOR OSH 2007–2012

The new strategy advanced by the European Commission for 2007–2012 is predicated on the basis of claimed successes of the previous strategy during the period 2002 to 2006, specifically in reducing fatal injuries by 17%.<sup>23</sup> Based on available data derived from the Eurostat New Cronos database (adjusted nominal rate per 100,000—1998 as 100), there does appear to have been a secular decline in fatalities over the longer term. For the eight post-communist new Member States (CEE 8), which joined the EU in 2004, fatal accident rate averages generally have been higher than EU15 average for most of the recorded years since 1998. In some new Member States the divergence from EU averages is striking. In 2004, the latest year for which comparative data are available, the (adjusted) EU25 fatal accident rate averaged 78 per 100,000 (provisional).<sup>3</sup> The (adjusted) Lithuanian rate at 113 per

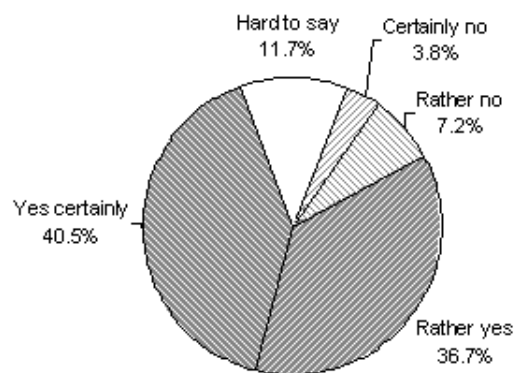


Figure 16—Do you think that health and safety workforce representatives and/or committees are a good idea in general? Base: respondents in whose workplace there are safety and health workforce representative and/or a health and safety committee member elected from the workforce,  $n = 264$ . Source: BWEL survey 2006–2007.

**TABLE 1 Adjusted Index of Fatal Accidents per 100,000 Employees (1998 = 100)\***

Year	1998	1999	2000	2001	2002	2003	2004
Average EU 15	100	85	82	80	75	78	77
Czech	100	76	96	96	87	84	78
Estonia	100	79	56	78	81	67	75
Hungary	100	105	71	91	109	66	98
Lithuania	100	91	78	105	115	138	113
Latvia	100	115	90	140	123	80	96
Poland	100	83	96	92	89	90	86
Slovenia	100	88	83	95	107	75	77
Slovakia	100	89	71	71	65	121	64
Average CEE 8	100	85	81	94	95	90	86

Source: Eurostat, 2005.<sup>3</sup>

100,000 was approximately 50% in excess of this, itself the highest in the EU25. Moreover, while relative disparities exist for Central and Eastern European countries as a whole over time, for Lithuania in particular (with the exception of the year 2000), these disparities have remained more or less consistent, suggesting no visibly improving trend (Table 1).

Fatal accident data provide the most robust indicators of the scale of work-related deaths and illnesses. However, since data on injuries to self-employed workers (some 250,000 out of a total workforce of 1.5 million) are not included, and these often involve hazardous occupations such as construction, agriculture, and forestry, while deaths from occupational diseases such as work-related cancers are also underreported, even these 'hard' indicators must be treated with caution.<sup>24</sup> The ("true") Lithuanian fatal accident rate of 7.6 per 100,000 can be compared with an average of 2.5 per 100,000 in 2004 for the EU15 Member States, and is approximately three times higher.<sup>3</sup> In 2004 there were 94 reported workplace fatalities, and by 2005 this figure had increased by 20% to 112, giving a fatality rate of 9.2 per 100,000.<sup>19</sup> This disparity in "real" fatality rates would suggest not merely a quantitative but also a qualitative difference in working environment, which is simply not addressed in the new Community strategy.

Some indication of the policy drivers of this new strategy may be gleaned from its title: "Improving Quality and Productivity at Work: Community strategy 2007–2012 on Health and Safety at Work." The priorities of the new strategy are located within the re-launched Lisbon agenda, which aims to make the European Union into a competitive trading block that can match the U.S. economy, based on leading global advanced technology and a high-quality workforce. It seeks to achieve this by "improving health and safety protection for workers and as one major contribution to the success of the Growth and Jobs Strategy." As such, the new European health and safety strategy is explicitly shaped by economic goals. It is formed around now-established perspectives of business-friendly regulatory reform that have come to predominate in EU policy circles, includ-

ing ideas of "better regulation," regulatory "simplification," and a shift from old forms of governance in terms of compliance-based approaches based on implementation of European Directives to new-style "softer" forms of regulation based on sharing "best practice," "corporate social responsibility," and self-regulation.<sup>25</sup> Arguably, in the case of Lithuania, the enthusiastic adoption of business-friendly regulatory assumptions by the elites, of precisely the kind which the European Commission is now promoting, is creating a hostile framework of attitudes regarding the need for effective workplace safety and health management and compliance. Add to this low levels of administrative sanctions and a dependent criminal justice system that refuses to sanction safety violations. Domestic legislative reforms in line with previous European strategies on OHS have thereby been undermined in a process of regulatory erosion.<sup>26</sup> Such problems in the new market economies from which important lessons could be drawn are largely ignored, however, in the Commission's new OHS strategy for 2007–2012.

The new strategy aims for a 25% reduction in the total incident rate of accidents at work in EU27. In this way, the Commission intends to reduce the economic burden of workplace accidents and ill health. The Commission does concede that a number of problems remain to be addressed—demographic trends, new employment patterns, migration flows to Europe, gender issues, psychosocial issues, and problems of implementation. However, throughout there is no mention of the data that point to the inferior performance of the new Member States as a whole across the range of indicators. This is despite the fact that generalized reference is made to the findings of the Fourth European Working Conditions Survey. Indeed, the new Member States, as such, receive no mention whatsoever, even though the previous strategy for European OHS strategy had warned that future eastward expansion posed "one of the major challenges" to the European Union in terms of health and safety at work.<sup>15</sup> Nor, remarkably, is there any mention of the previously much-vaunted "social dialogue" as a mechanism to realize safety improvements within "a culture of risk prevention." The



paradoxical nature of this glaring omission is evident, particularly in the poorly performing new Member States such as Lithuania, where there appears to be at least some possibility, given sufficient encouragement, of a more participatory approach to health and safety issues that would have broad employee support. The new strategy, whatever its merits, is devoid of any objective assessment of how the challenge of European enlargement has unfolded in OHS terms.

## CONCLUSION

This article has explored the context of an enlarged European Union in which most of the new arrivals are post-communist countries from Central and Eastern Europe with deteriorated working environments, taking Lithuania as a worst-case example. Evidence from the BWEL survey points in particular to deteriorated working environments and serious defects in the processes of social dialogue, resulting in a muffled representational voice for employees in the workplace, especially with respect to health and safety matters, despite extensive legislative provisions. Ironically, however, that situation could have been addressed in the new strategy in a positive manner. The new strategy fails to take account of the specificities of eastward expansion of the European Union, in examining either the outcomes of previous policy failures or opportunities that may be slowly emerging for enhanced employee participation. More broadly, the denial of “the elephant in the room” marks a retreat from any commitment to the preservation of a social dimension in the European project balancing economic development with social justice across the Member States. This has occurred in an area of EU policy-making that has previously seen significant gains for workers’ rights.

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