

A note from the Editor

The Convention on the prohibition of the development, production, stockpiling and use of chemical weapons and on their destruction (Chemical Weapons Convention) entered into force on 29 April 1997, with 89 States Parties. A total of 165 States had signed the treaty, thus indicating their intention to become party to this international instrument. The importance of the event should not be underestimated. Indeed, the new Convention not only confirms the prohibition of the use of chemical weapons but also forbids their production; furthermore — and this is the most noteworthy innovation — it obliges States to destroy existing stocks. As Peter Herby, from the ICRC Legal Division, pointed out in the March-April 1997 issue of the *Review*,¹ the entry into force of the Chemical Weapons Convention is the crowning achievement of efforts that began with the intensive campaign launched by the ICRC after the First World War to bring about a ban on these horrific weapons.

A large section of this issue of the *Review* is, however, devoted to another means of mass destruction, namely bacteriological (or biological) weapons. Why are we discussing such weapons just when all eyes are turned on the new Chemical Weapons Convention? Quite simply because the banning of bacteriological (biological) weapons by the Convention of 10 April 1972 should not be forgotten, as these devices too have an enormous potential for destruction. The *Review* has therefore invited a number of experts to re-examine this Convention and highlight its strengths and weaknesses. All of them stress the great importance of this treaty, concluded in the very midst of the Cold War, while drawing attention to its shortcomings, particularly as regards verification and implementation.

This issue of the *Review* also looks back on the death of six ICRC delegates in Chechnya (Russian Federation) in December 1996. The

¹ *IRRC*, No. 317, March-April 1997, p. 208.

President of the Norwegian Red Cross describes the way in which her National Society handled the aftermath of the tragedy in which two of its nurses, seconded to the ICRC, lost their lives. The ICRC doctor in charge of stress management for staff members focuses on the survivors, emphasizing how important it is for them to receive proper care and attention if they are to overcome their harrowing experience and be spared long-term after-effects.

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