

**UNITED
NATIONS**



International Residual Mechanism
for Criminal Tribunals

Case No.: MICT-13-56-ES

Date: **30 April 2026**

Original: English

BEFORE THE PRESIDENT

Before: The Honorable Judge Graciela Gatti Santana

Registrar: Mr. Abubacarr M. Tambaou

Date Filed: 30 April 2026

PROSECUTOR

v.

RATKO MLADIĆ

Public Redacted Version
(with public redacted Annexes A, B, C, and D which are redacted in their entirety)

**URGENT DEFENCE MOTION SEEKING (ALTERNATIVELY) PROVISIONAL OR EARLY
RELEASE OF MR. RATKO MLADIĆ BASED ON HUMANITARIAN GROUNDS**

Counsel for Ratko Mladić

Mr. Dragan Ivetić
Mr. Branko Lukić

THE INTERNATIONAL RESIDUAL MECHANISM FOR CRIMINAL TRIBUNALS

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RATKO MLADIĆ by and through undersigned counsel of record, hereby submits the instant Motion, and in support thereof states as follows:

I. INTRODUCTION & BACKGROUND

1. This motion is brought on an urgent basis based on a serious medical incident on [REDACTED] and the latest medical information confirming that Mr. Ratko Mladić is in a state of advanced, irreversible medical decline resulting from a medical incident [REDACTED] (from which he may not recover), and is approaching the end of his life.

2. This motion is brought, alternatively, as either a request for provisional release, or conditional early release, insofar as the ICTY/IRMCT caselaw has regarded either as an appropriate means for the relief being sought. Under either Rule, the Defence submits that the seriousness of the current decline in health is a central humanitarian consideration which should be accorded decisive weight. Similarly, given his medical condition, Mr. Mladić is not a flight risk. In this regard the *Hadžić* Trial Chamber found that the very nature of palliative care and serious illness negate the flight risk of one who was previously a fugitive, as incompatible with a life on the run.¹ [REDACTED] the IME [REDACTED] in his latest report) indicated that “Compared to my most recent visit in January, his truncal stability and leg strength has further deteriorated. He has been

¹ *Prosecutor v. Hadžić*, IT-04-75-T, Decision on Urgent Motion for Provisional Release Filed on 289 April 2015, 21 Maz 2015, para. 28.

fully wheelchair-bound and/or bedbound for a long time now.”² This was even before the Medical Incident, and the medical records speak of the complications since then. Such a condition reinforces Mr. Mladić is not a flight risk in his current medical state.

3. Given the seriousness and urgency of the situation, Mr. Mladić accordingly requests that the receipt of any medical evidence sought by the President be expedited and not delay the expeditious and prompt determination of this instant motion. In that regard, President Meron expedited matters in the *Beara* case on similar grounds.³ Likewise, Madam President expedited matters in the *Simatović* matter.⁴

4. On [REDACTED] Mr. Mladić suffered an acute neurological/medical episode characterized by sudden total aphasia (ie. loss of the ability to speak) and difficulty swallowing during a video call with his son (Darko), requiring emergency hospitalization (hereinafter “Medical Incident”). Due to the sudden nature of the Medical Incident, and given that Darko is the holder of medical decision-making authority for his father, the medical records were sought by Darko. Attached as **Confidential Annex A**, are the medical records that Darko received on [REDACTED] relating to the Medical Incident [REDACTED]

5. **Confidential Annex A** (albeit incomplete) illustrates the following serious observations and developments, among other things:

- a. [REDACTED]
- b. [REDACTED].
- c. [REDACTED]
- d. [REDACTED]
- e. [REDACTED].

6. Further – the first day back from the hospital Mr. Mladić was speaking better, but since then he has been virtually incoherent and unable to speak⁵ in calls with his family and with counsel.

² Registrar’s Submission in Relation to the “Third Order on Medical Reports” of September 15, 2022, filed 2 April 2026, Annex A, pg. 4

³ *Prosecutor v. Beara*, MICT-15-85-ES.3, Public Redacted Version of 7 February 2017 Decision of the President on the Early Release of Ljubiša Beara, 16 June 2017, para. 11.

⁴ *Prosecutor v. Simatović*, MICT-15-996-ES.1, Decision on the Application for Early Release of Franko Simatović, 29 August 2023, pg. 3.

⁵ Repeating words, speaking sentences that hang and never finish, difficulty to form words, inaudible fragments of

7. Two Serbian-speaking doctors [REDACTED] undertook a Rule 48 visit to Mr. Mladić on 22 April 2026. Those Doctors have offered reports that confirm the fact that Mr. Mladić's condition is serious, life-threatening (ie. that risk of imminent death is high), and such that it cannot be adequately treated in the hospital prison. See, Report and CV of Rule 48 [REDACTED] Dr. [REDACTED] attached as **Confidential Annex B**, and Report and CV of Rule 48 [REDACTED] Dr. [REDACTED] attached as **Confidential Annex C**.

8. [REDACTED] **Confidential Annex D**.

II. APPLICABLE LAW

9. Ample caselaw supporting either provisional release or conditional early release in the case of a terminal diagnosis with limited remaining life expectancy exists in the ICTY and IRMCT jurisprudence. Rather than restating the same, and in view of the urgent nature of the instant Motion, we hereby adopt by reference and incorporate as if set forth fully herein, the Applicable Law from our 6 June 2025 Release Motion.

III. SUBMISSIONS AND ARGUMENTS

A) The Humanitarian Circumstances of the Medical Incident and Rapid Decline in Health Justify Release

10. Mr. Mladić's current medical condition, following the Medical Incident, respectfully meets the criteria for humanitarian release, as established by the relevant jurisprudence. The Medical Incident constitutes a sentinel event, demonstrating not only acute deterioration but also a heightened and imminent risk of catastrophic medical outcome, including stroke or death, regardless of whether the cause is a TIA, ischemic stroke, or something else. His condition is characterized by multi-organ decline, including cardiac insufficiency, renal impairment, and neurological compromise, confirming a terminal trajectory. Evident from the medical records is the fragile state he is in, where even the UN Medical Officer stresses multiple times the impending trajectory towards end of life. The UN Medical Officer has even opined and stressed Mr. Mladić

words, etc.

may not survive he recovery/treatment for this health setback (ie. the Medical Incident). He faces additional serious risks, including aspiration due to impaired swallowing, uncontrolled diabetes, and vulnerability to infection—all of which require intensive and continuous medical supervision.

11. As a result of the Medical Incident, Mr. Mladić is in an even worse state than before, with respect to his ability (or rather inability) to communicate in a meaningful and timely manner with health care providers. For instance, the medical records at Annex A indicate:

- a. [REDACTED]⁶
- b. [REDACTED].⁷

12. The medical records demonstrate that, [REDACTED]. The situation post the Medical Incident demonstrates he still is suffering from a significant impediment that prevents his full and timely communication. This has been confirmed by the UN Medical Officer, by defense counsel, and by Mr. Mladic’s family, as well as 2 Rule 48 doctors. In short, even those that speak his language and are familiar with him have difficulty understanding and communicating with him in his current state. His impaired ability to speak prevents meaningful participation in his own care and undermines the reliability of clinical assessment.

13. It should be stressed that the UN Medical Service previously reported Mr. Mladic’s wish that, if incapacitated, he desired decision making authority to be exercised by his son, Darko, for medical treatment questions. The exercise of that decision making authority would greatly be improved if Mr. Mladic were released [REDACTED], for direct, in-person communication, rather than by phone/video call. In these circumstances, the role of his son as the recognized medical proxy becomes indispensable. Effective decision-making requires his physical presence, not remote involvement.

14. Interpreter-mediated communication further compounds this problem, creating a material risk that treating physicians do not fully appreciate the severity of his neurological impairment. Darko Mladic was on the phone with his father during a recent medical assessment through an interpreter. Darko noted that the interpreter would correct and fill in the blanks to Mr. Mladic’s

⁶ [REDACTED]

⁷ [REDACTED]

incoherent and fragmented speech to the doctors. For instance, a one-word non-response, was translated as a long coherent phrase.

15. The current detention medical environment is inherently inadequate to meet the demands of Mr. Mladić's condition. His clinical needs include continuous monitoring, rapid intervention capacity, and coordinated multidisciplinary care consistent with hospital-level treatment. Likewise, as he approaches the end of his life, Hospice care is better suited than a prison hospital. Experts on the topic have opined "While praising the difference made by the Dying Well in Custody Charter, Ms. O'Neill cautions that the palliative care provided in prison 'will never be equal' to care given in hospice settings. One key reason for this is that few prisons provide 24-hour care, despite this being one of the goals of the Charter. So, healthcare professionals are often unable to stay overnight at facilities so cannot provide the consistency and length of care in prisons that they may otherwise give at end of life."⁸

B) Serbian-Speaking Rule 48 doctors Have Raised Concerns on the Ability to Adequately Treat His Conditions at the Prison Hospital

16. Based on the medical reports of the Rule 48 physicians we see further evidence justifying this instant Motion for release.

17. From the [REDACTED] Rule 48 report (Exhibit B) it is notable that even now, almost [REDACTED] the Medical Incident, Mr. Mladić is still exhibiting severely impaired speech, approaching aphasia as well as difficulty swallowing. Respectfully, such ongoing symptoms make it difficult for him to communicate with medical staff at the UNDU and civilian hospital, who already do not speak Serbian. This confirms this impediment continues to negatively impact on his treatment course.

18. Further, Exhibit B likewise points out that Mr. Mladić is in a severely compromised cardiological condition, and the assessment of the Rule 48 [REDACTED] is that the Medical Incident is more consistent with a cardiovascular insult (ie. stroke). This is critical insofar as there was an irregular rhythm noted on an ECG taken on [REDACTED]. The report goes on to identify multiple serious deviations from the accepted medical standard of care in [REDACTED] for

⁸ See, *Nursing in Practice* (UK), " 'Patients not prisoners': Palliative care nursing behind bars " by Madeline Andersen, quoting Maria O'Neill, specialist in palliative care in prisons <https://www.nursinginpractice.com/analysis/patients-not-prisoners-palliative-care-nursing-behind-bars/#:~:text=While%20praising%20the%20difference%20made,the%20goals%20of%20the%20Charter>

patients suspected of a stroke, including:

- a. No daily ECG monitoring
- b. No ECG since the date of the Medical Incident until the date of the visit ([REDACTED])
- c. No 24 hour Holter ECG monitoring
- d. No continuous monitoring of vital parameters (cardiac rhythm, blood pressure, oxygen saturation)
- e. No echocardiogram (cardiac ultrasound)

19. Per Dr. [REDACTED] it is not acceptable to make treatment decisions in a patient such as Mr. Mladić, let alone to based such treatment on One ECG [REDACTED], a single chest x-ray, and basic clinical examination with no continuous monitoring (as has been the case).

20. Respectfully, Dr. [REDACTED] report demonstrates that, given Mr. Mladić's current condition and the probability a cardiovascular stroke being the cause of the Medical Incident, the Prison hospital wing is insufficiently equipped to provide the standard of care required. This makes the continued detention of Mr. Mladić under those conditions improper, and justifies our request for release to [REDACTED] where such care can be provided. Further, the doctor's conclusion is that Mr. Mladić is in the final and terminal stage of illness (meaning he is dying) which again supports release.

21. From the [REDACTED] (Exhibit C) we see that:

- a. They seemingly concur with the Interim Medical Report that Mr. Mladić may not survive recovery from the Medical Incident;
- b. Dr. [REDACTED] believes the Medical Incident was due to a new ischemic stroke;
- c. Verbal communication was difficult, due to speech production was markedly reduced and nearly inaudible due to severe dysphonia. Dysphagia (difficulty swallowing was also present.⁹ Only simple commands were possible.
- d. Mr. Mladić was unable to stand nor maintain an upright position and [REDACTED].
- e. Mr. Mladić has cognitive decline in the nature of vascular dementia
- f. In the totality of his fragile condition, Mr. Mladić is at high risk for repeat stroke and/or death.

⁹ Which potentially indicates the stroke may have affected the control mechanism for reflexes, making another life-threatening condition –choking to death

22. The Rule 48 doctors have confirmed the bleak outlook in the Interim Medical Report of Mr. Mladić's risk of death and have described deficiencies and deviations from the normal and standard medical care and monitoring of such a patient based on what was not done and what cannot be performed at the UNDU/Dutch prison hospital. They have also described a physical condition that is incompatible with Mr. Mladić being labelled as a flight risk (bed-ridden, unable to maintain upright condition, [REDACTED]).

23. The Rule 48 medical reports thus support the release being sought.

IV. CONCLUSION AND RELIEF SOUGHT

24. The totality of the medical evidence establishes that Mr. Mladić is in the final stage of a progressive and irreversible decline and is approaching the end of life, worsened/hastened by the Medical Incident a few weeks ago. The Interim Medical Report of the UN medical officer and the 2 Rule 48 physicians agree on that. The continued detention of Mr. Mladić under these conditions serves no legitimate penological purpose. Rather, it risks constituting inhuman and degrading treatment, contrary to the principles articulated in the Tribunal's jurisprudence. Especially in his current, bed-ridden and barely communicative state, continued detention would amount to cruel, inhumane punishment, as per the legal authorities cited hereinabove. It is without question that end-of-life treatment, and palliative care to improve quality of life can be only accomplished outside of a jailhouse setting, among family and caretakers in a hospital/hospice that speak the same language as Mr. Mladić.

25. Further, it is clear that Mr. Mladić requires continuous monitoring and follow-up diagnostic testing/investigation that he is not receiving and/or unable to receive in the prison hospital, and which he could receive in Serbia to lessen suffering and improve quality of life and a dignified death.

26. Given the severe and unstable health condition of Mr. Ratko Mladić, which includes chronic heart failure, renal failure, diabetes, neurological sequelae of stroke and the need for 24-hour medical supervision, and bearing in mind that now he can no longer communicate due to his medical condition, the palliative care unit at UNDU cannot provide an adequate level of intensive care, a medical transfer (even if provisional/temporary) to a specialized hospital or hospice [REDACTED] is requested, [REDACTED] and with the preservation of security conditions.

27. Respectfully, the combination of terminal prognosis, acute neurological deterioration, impaired communication, and inadequate conditions of detention constitutes compelling humanitarian grounds for release.
28. In these circumstances, the balance decisively favors immediate intervention to ensure that Mr. Mladić receives appropriate medical care and is afforded dignity at the end of his life.

WHEREFORE, for the foregoing reasons, RATKO MLADIĆ respectfully requests that the President Grant either provisional release or conditional early release [REDACTED] on an expedited basis.

Word Count: 2372

RESPECTFULLY SUBMITTED BY:



Dragan Ivetić
Lead Counsel for Ratko Mladić

Dated 30th of April 2026
Chicago, IL, USA



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Date Created/ Daté du :	30 April 20226	Date transmitted/ Transmis le :	30 April 2026
		No. of Pages/ Nombre de pages :	9
Original Language / Langue de l'original :	<input checked="" type="checkbox"/> English/ <i>Anglais</i>	<input type="checkbox"/> French/ <i>Français</i>	<input type="checkbox"/> Other/Autre (specify/préciser) :
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Rev: August 2019/ *Rév. : Août 2019*