

**UNITED
NATIONS**



International Residual Mechanism
for Criminal Tribunals

Case No.: MICT-13-56-ES

Date: 14 May 2026

Original: English

BEFORE THE PRESIDENT

Before: The Honorable Judge Graciela Gatti Santana

Registrar: Mr. Abubacarr M. Tambadou

Date Filed: 14 May 2026

PROSECUTOR

v.

RATKO MLADIĆ

Public Redacted Version

(With Confidential Annexes A-G remaining redacted in their entirety)

**DEFENCE SUBMISSIONS PURSUANT TO PRESIDENT'S "DECISION ON INTERIM REQUESTS
AND ORDER FOR SUBMISSIONS" OF 8 MAY 2026**

Counsel for Ratko Mladić

Mr. Dragan Ivetić
Mr. Branko Lukić

THE INTERNATIONAL RESIDUAL MECHANISM FOR CRIMINAL TRIBUNALS

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REQUESTS AND ORDER FOR SUBMISSIONS” OF 8 MAY 2026**

RATKO MLADIĆ by and through undersigned counsel, hereby submits the instant Supplemental Submission:

1. On 23 April , 2026, the Defence filed its Urgent Defence Motion Seeking (Alternatively) Provisional or Early Release. (hereinafter “Urgent Motion”).
2. On 8 May 2026, the President entered her “DECISION ON INTERIM REQUESTS AND ORDER FOR SUBMISSIONS” (hereinafter “Order for Submissions”). The Defence was ordered to file any final submissions, no later than 12 May 2026.
3. On 7 May 2026, the Registry filed the report of IME Dr. [REDACTED] with an update from the DMO (hereinafter “7 May Submission”). On 8 May 2026 the Registry filed the report of IME Dr. [REDACTED] (in Dutch). (hereinafter “8 May Submission”).
4. The Defence files the instant submission pursuant to the Order for Submissions.
5. The Defence has reviewed the IME reports¹ and Registry submissions accompanying said reports. While we take issue with some of the submissions of the Registry/IMEs, we wish to first focus on items that **confirm and support** granting the pending Urgent Motion.

¹ 7 May Submission and 8 May Submission
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6. Respectfully, both IME reports illustrate the serious nature of Mladić’s failing health, including, but not limited to the following, which support the Urgent Motion and the urgent release being sought:

a. From the 7 May Submission

- i. The IME noted Mladić could not recall the expert’s nor interpreter’s name.²
- ii. The IME noted “While he was previously more verbal, the interpreter noted that Mr. Mladic had not spoken in full sentences for the past five days — only occasional words and lip-puffing sounds. When asked to name as many birds as possible, mr. Mladic named two birds (magpies, seagulls), but could not name objects shown to him (a watch, keys). This indicates word finding difficulties and is compatible with the diagnosis of aphasia. When asked to count to ten, he said "Monday" instead of numbers. He showed echolalia — repeating what is said to him rather than answering.”³
- iii. The IME noted “Both experts agreed that mr. Mladic had likely suffered a new stroke in the left frontal region”⁴
- iv. The IME noted that the radiologist canceled the requested brain MRI, arguing that the April 10th ischemia is now clearly demonstrated on the latest brain CT.⁵
- v. The IME confirmed that Mr. Mladic suffered from **either 1 stroke with a further progression or two strokes** in a span of a few weeks.⁶
- vi. The IME noted “ His prognosis remains poor, both in terms of recovery as well as life expectancy. The emphasis should be on comfort care.”⁷ And “ His prognosis with regards to further deterioration is very poor, and recurrent stroke was likely to occur and did occur. All medical professionals and court-appointed experts **agree that he is in the terminal stage of his illness and is approaching the end of his life.**”⁸ [emphasis added]

² Annex A, Page 3

³ Id.

⁴ Id.

⁵ Annex A, Page 4

⁶ Annex A, Page 4

⁷ Annex A, Page 7

⁸ Annex A, Page 4-5

- vii. The IME estimate states that Mladić has up to a 50% chance of dying within 1 month.
- viii. The DMO confirmed that the CT scan provided a “diagnosis for the 10th April event” of a new stroke.⁹ The DMO likewise confirmed Mladić’s fragile state, and that “He continues to display the lack of energy and difficulties in speaking reflected in the RMO report of 1st May, with clearly observable differences dependent upon his tiredness.”¹⁰

b. From the 8th May Submission¹¹:

- i. Mladić could not recall the expert’s name
- ii. Mladić sometimes did not answer questions or answered object names incorrectly, and also repeated sometimes only the stated question without answering.
- iii. Since 29 April 2026, there has been further deterioration of the ability to speak.
- iv. The IME confirmed a stroke on 10 April and potentially a second one on 2 May, 2026.
- v. Mladić was severely weakened, bedridden, very fragile and his condition suddenly deteriorated after April 10.
- vi. “The prognosis for this is particularly bleak. **The end of his life is approaching faster and faster.**”
- vii. Dr. [REDACTED] supports Dr. [REDACTED] estimate (above) of up to a 50% chance of death within the month.

7. Respectfully, both IME reports (and the DMO report) diverge from the prior UNMO reporting (that seemingly attributed the symptoms to a urinary infection). The IME/DMO reports present a bleak and stark contrast from the prior reporting, and thus support the Urgent Motion. It is agreed/undisputed by all now that Mladić is dying and may not last a month, and that 2 strokes in quick succession have speeded up the terminal nature of his condition/prognosis.

⁹ Annex B, Page 1

¹⁰ Id.

¹¹ The Defence has relied on a draft translation of Annex B (no official one being provided)

8. Respectfully, Madame President, under those circumstances (ie. even as the IME's have reported), the further detention of Mladić has ceased to be a proportionate measure and humanitarian concerns now dictate his release, otherwise the continued detention would amount to cruel-inhumane treatment. The purpose of the sentence of imprisonment can no longer be fulfilled, and pursuant to the decisional authority we adopted from our June 2025 motion, Mladić should be humanitarily released to die in Serbian Hospice surrounded by his family.
9. Further, the Defence submits, that the situation is even worse than indicated by the IME reports, and specifically takes issue with the same, as follows.
10. As a preliminary matter, we would note that the Registry submissions accompanying the IME reports appear to dispute Mr. Darko Mladić's right as holder of medical proxy to make decisions on behalf of his father (in accord with the prior guidance and medical directive noted by the UN Medical Service.)¹² Respectfully, The Registry position is erroneous and foolhardy/absurd, given that:
 - a. Both IME's noted Mladić's difficulty recognizing or recalling their names (despite the fact they have both been treating him for years)
 - b. Both IME's have noted Mladić's difficulty speaking, his inability to correctly name objects, and his repetition of questions without answering.
 - c. Both IME's have diagnosed at least one and likely 2 strokes in the past month.
 - d. The 1 May 2026 Update on Health Condition signed by Reporting Medical Officer and submitted to the President stating "*Mr. Mladic repeats some questions of the translator a few times in an identical manner, but doesn't answer them. This makes me question if he does not understand the questions or potentially that he is not able to process the questions at an intellectual level.*"¹³
 - e. The UN Medical Service's prior confirmation of Mladić's wishes that his Son Darko make decisions.¹⁴
 - f. The UN Medical Service's oral communications with Darko that confirm though Mladić

¹² 7 May Submission para. 28-29

¹³ See, **Confidential Annex A** hereto

¹⁴ See, **Confidential Annex B**, hereto

has limited moments of lucidity in the morning, he is worse the rest of the day

11. Respectfully, in a situation where Mr. Mladic cannot meaningfully communicate with his care givers, after two strokes – it is reasonable and prudent to put into effect the prior noted directive by which Mladić appointed his son and authorized him to make medical decisions for him. The *MERCK MANUAL* for medical care professionals recognizes that a lack of patient capacity to make medical decisions is implicated, among other things “A lack of cognitive ability to receive and evaluate information or to make or communicate decisions.”¹⁵ Respectfully, there is no way, on the basis of the above, for the Registry to deny that, at the very least, Mladić has difficulty communicating medical decisions, and it is further reasonable to conclude a lack of cognitive ability to receive and evaluate information, based on the aforementioned IME and RMO observations. It is absurd that “lip puffing” can be considered by the Registry to demonstrate Mladić ability to communicate meaningfully. The Medical proxy of Darko Mladić is attached¹⁶ and at the very least should be sent to all health care providers caring for Mladić, pending the President’s decision.

12. Moving to the IME reports, the Defense takes note and raises the following observations.

- a. We disagree with Dr. [REDACTED] reference “On April 10th, 2026, Mladić experienced **"transitory aphasia"** that appeared to recover later that day.” According to Serbian Neurologist and prior Rule 48 physician¹⁷, **“We do not agree that Mr Mladic experienced "transitory aphasia" that appeared to recover later that day and then appeared again on 29 April because aphasia never recovered and it was present all the time from April 10th to present moment. If the clinical symptoms recovered fast as Dr [REDACTED] stated, that would indicate that Mr Mladic had transient ischaemic attack or hypoperfusion as RMO doctor stated. Those conditions are not detectable on CT , and we have evidence of stroke on CT scan. That stroke was not detectable on CT performed on the April 10th because fresh brain infarctions (ischemic strokes)**

¹⁵ See <https://www.merckmanuals.com/professional/special-subjects/medicolegal-issues/capacity-competence-and-incapacity?query=patient%20capacity>

¹⁶ Confidential Annex C, hereto.

¹⁷ See Confidential Annex D, hereto.

are often invisible on non-contrast CT scans in the first few up to 24 hours, because the technique relies on structural density changes that take time to develop.”

- b. We likewise disagree with the decision to cancel an MRI. The primary concern is that an MRI can confirm what we believe is the more serious progression of cognitive decline (critical for capacity). Per Dr. [REDACTED] **“We don’t agree with this decision because we think that MRI is superior to CT for detecting brain infarction because of its significantly higher sensitivity and ability to identify tissue damage within minutes. MRI is also far more effective at spotting small strokes, or infarctions in the brainstem and cerebellum that may be missed by a CT scan. We also need to evaluate global cortical atrophy and ischemic changes in the white matter of the brain because it also corresponds to the pathological condition and disability.”**
- c. We disagree with Dr. [REDACTED] statement “Before April 10th, 2026, Mr. Mladic had shown no cognitive decline.”
 - i. Such statement is inconsistent with Dr. [REDACTED] own prior reports prior to April 10, 2026 that diagnosed cognitive decline. Likewise, that conclusion is inconsistent with the notes of Dr. [REDACTED] Dr. [REDACTED], and the RMO regarding their interactions with Mr. Mladic.
 - ii. Dr. [REDACTED] opined **” We strongly disagree on this because in last few years we are documenting undeniable evidence that Mr Mladic had and has a cognitive decline (all reports from Dr [REDACTED] and some reports from Dr [REDACTED]), and Dr [REDACTED] is not consistent even with one’s own opinion (which has been repeated very often in the last few years). As an example, Dr [REDACTED] examination report on Mr Mladic from October 16th, 2023, with results on Moca scale 16/30 which clearly indicates dementia. Unfortunately, due to aphasia and severe health conditions further cognitive evaluation is no more possible.”**
 - iii. We disagree with Dr. [REDACTED] statement that “Mr. Mladic is receiving appropriate care for his medical condition.” Specifically, Dr. [REDACTED] noted **“ Unfortunately, we agree that prognosis on life**

expectancy is very poor. We also agree that RMO team is doing their best, but prison environment is incompatible with the 24-hour medical care that Mr. Mladic needs in a last day of his life especially in a situation where he cannot verbalize due to aphasia. The only humane solution for Mr. Mladic would be a humanitarian release so that he can spend the last days of his life with his family.”

- d. We also would note that the “independent” medical examiners apparently worked together rather than independently.
 - e. Rule 48 Neurologist, Dr. [REDACTED]¹⁸ agrees with the observations and commentary of Dr. [REDACTED] as to Dr. [REDACTED]’s report, and further adds that the risk of death in one month needs to be regarded at the higher end of the 30-50% range, given the choking risk and the fact that Mladić appears to have suffered a second stroke even while on DAPT, making the risk high of another stroke.
13. Thus, respectfully, The IME’s reports cannot be relied upon, especially as to adequacy of care in the UNDU prison wing, especially due to the reluctance to perform an MRI, and obvious errors and inconsistencies in relation to the capacity of Mr. Mladic.
14. Further, we note that per Rule 48 Physician [REDACTED]¹⁹, it was presented to them by the UN Medical Staff that the only documentation at the Prison Hospital Wing was a brief medical history regarding the events of April 10, an ECG report in written form, written interpretation of an ECG (but not the actual report), a chest X-ray of the heart and lungs, as well as thoroughly and repeatedly measured blood pressure values recorded throughout the days from April 10 until the day of our visit, in great detail, together with the therapy the patient had been receiving. It is apparent to Dr. [REDACTED] that the IME had access to many tests that the UN medical staff had told the Rule 48 doctors did not exist or had not been performed. Per Dr. [REDACTED] “To the extent that the entire medical records are not available in one place where the patient is located (ie. the prison hospital ward), and/or the personnel caring for him there do not know the entirety of what procedures have been

¹⁸ See, **Confidential Annex E**, hereto

¹⁹ See, **Confidential Annex F**, hereto

performed and where those records may be (as appears to be the case because of the contradictory information provided to us from the staff we spoke with, and apparently what Dr. [REDACTED] had at their disposal) that affects negatively on the ability to offer timely and necessary care to a patient as fragile and terminal as Mr. Mladic. It emphasizes that the prison hospital ward is inadequate to provide the type of care required for a patient that has so many comorbidities and serious medical conditions that may need emergency intervention.” Dr. [REDACTED] likewise assesses the life expectancy as a 50% or more likelihood of a fatal outcome within the month. Accordingly, release is needed.

15. Specifically, on the failure to proceed with an MRI, we consulted with prior Rule 48 Radiologist, Dr. [REDACTED], who offered his detailed analysis.²⁰ His analysis opines that the radiological and neurological evidence reflects a clear pattern of severe, progressive cerebrovascular and neurodegenerative decline consistent with advanced dementia and recurrent stroke-related brain injury. The report describes repeated neurological crises, including aphasia, dysphagia, cognitive deterioration, frontal lobe syndrome, memory impairment, recurrent strokes, and worsening functional dependence between 2024 and 2026, together with extensive evidence of chronic brain atrophy, ischemic injury, and multi-system medical deterioration. Critically, Dr. [REDACTED], concludes that the diagnostic process in materially departed from accepted international standards of care because essential imaging modalities — including quantitative MRI analysis (MRI-QA), MR angiography (MRA), and PET neuroimaging — were never performed, despite being considered integral components of modern dementia evaluation protocols. The report further states that the IME conclusions relied primarily on subjective visual interpretation of MRI scans rather than objective longitudinal quantitative analysis capable of detecting progressive atrophy, thereby undermining the reliability of conclusions minimizing disease progression. According to the reviewing physician, these omissions compromised accurate diagnosis, impaired appropriate treatment planning, and likely contributed to continued neurological decline, recurrent cerebrovascular events, and worsening dementia, rendering the patient profoundly frail, medically unstable, and increasingly dependent on continuous supportive care. In this regard it is instructive to note that international guidelines were not

²⁰ See, **Confidential Annex G**, hereto
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adhered to in the treatment of Mladić.²¹ Respectfully, this calls into question the ability to provide adequate care at the UNDU prison hospital, insofar as it highlights a history of deviations that have worsened rather than benefited Mladić's health. Accordingly, urgent release is warranted.

16. Dr. [REDACTED] soundly refutes the ability of the prison hospital to provide adequate care - “ It is my medical opinion based on my training, education, experience, and especially based on my expertise in Nuclear Medicine, MRI, PET and the mandatory standards of those imaging modalities that, the entire diagnostic evaluation process of general Ratko Mladic was seriously compromised, which inevitably had to be reflected in his therapy. Such a failure is an obvious departure from the standard of care. [...] According to contemporary general international standards and detailed mandatory good medical practice guidelines in the field of medical neuroimaging, where Magnetic Resonance Angiography (MRA), Quantitative Magnetic Resonance Imaging (MRI-QA) and Positron Emission Tomography (PET) are integral part of any MRI Protocol for Dementia, omission of these modalities reveals serious elements of malpractice treatment. The primary purpose and the goal of standardized neuroimaging protocols for dementia is to detect it as soon as possible, which could open the door to strategies that prevent this disease's progression. Therefore, there is no rational explanation as to why standard MRI / PET protocols were not used because such errors represent the greatest degree of medical and professional irresponsibility. This prevents proper treatment and with the highest degree of medical probability, endangers and continue to endanger the life of General Ratko Mladic. It is my medical opinion, based upon my training, education and experience, and reasonable degree of medical probability that - General Ratko Mladic's overall medical treatment, while at custody of the UN, is in direct opposition to the Hippocratic Oath.”

17. Nonetheless, we would stress, yet again, that even despite those issues and disagreements

²¹ The ADNI MRI protocol for Dementia; The European Alzheimer's Disease Consortium (EADC), The European Association of Nuclear Medicine Neuro-imaging Committee (ENC), EANM procedure guidelines for PET brain imaging using 18F] FDG and The European Association of Nuclear Medicine Neuro-imaging Committee (ENC), EANM procedure guidelines for PET brain imaging using 18F] FDG neuroimaging operational standards of excellence

with the IME reports, the fact Mladić is dying and should be released is clear, even from the IME reports, and we submit that thus the information before the President supports granting the Urgent Motion.

WHEREFORE, for the foregoing reasons, RATKO MLADIĆ respectfully requests that the President Grant the Urgent Motion and any further relief proper in these circumstances.

Word Count: 2996

RESPECTFULLY SUBMITTED BY:



Dragan Ivetić
Lead Counsel for Ratko Mladić

Dated 14th of May 2026
Chicago, IL, USA



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