FOR IMMEDIATE RELEASE
November 12, 2026

INTERNATIONALLY KNOWN INVENTOR JOHN HUTCHISON FIGHTS FOR HIS LIFE FOLLOWING CATASTROPHIC MEDICAL NEGLIGENCE ACROSS NORTHERN CALIFORNIA HEALTHCARE SYSTEMS

WILLITS, Calif., Nov. 12, 2026 — Formal regulatory complaints have been filed and logged with the California Department of Public Health (CDPH) and the Medical Board of California against four major Northern California healthcare networks—Adventist Health, Sutter Health, Kaiser Permanente, and John Muir Health—following catastrophic medical negligence that has left internationally recognized inventor John Hutchison fighting advanced bladder cancer and acute kidney decline.

Hutchison, whose electromagnetic and scientific experiments have appeared on more than 300 television broadcasts worldwide, survived a cascading chain of life-threatening medical failures—including withheld infection results, contraindicated cancer immunotherapy during an active *Proteus* infection, a 15-pound post-surgical bowel impaction, and an acute opioid overdose. The family has submitted the full chronological evidence packet into state regulatory databases and is seeking legal accountability for medical malpractice, gross negligence, patient civil rights violations, and fraudulent billing practices.

Coercion and Primary Care Neglect in Willits

The trouble began at the Adventist Health Redwood Clinic in Willits when Hutchison became a patient of family doctor, Dr. Claudia Petruncio. Because Hutchison is autistic and lives with severe anxiety, he must see a doctor every month to get his vital, long-term anxiety medication refills. During these visits, the stress of the clinic makes Hutchison's blood pressure spike—a well-known reaction called "white coat syndrome."

Instead of accepting the evidence of white coat syndrome, Petruncio threatened that if Hutchison did not start taking a heavy regimen of multiple different blood pressure pills, she would drop him as a patient, leaving him cut off from his monthly anxiety medication. The family was terrified and reported this coercive bullying to the clinic's office manager in writing, but their cries for help were completely ignored.

Hutchison already suffered from lifelong, severe constipation because his anxiety medications naturally slow down his digestion. The intense emotional terror triggered by the doctor's threats made his physical stress spike, causing his digestion to lock up completely. This massive, untreated backup altered his body's internal hormones, heavily inflaming his prostate until it swelled shut, completely blocking his ability to pass urine. Every visit to Petruncio was met with an argument about Hutchison’s blood pressure, with no referrals to specialists for his gastrointestinal and urinary issues.

Because Petruncio focused solely on blood pressure while ignoring his anxiety and bowel function, the situation escalated and Hutchison had to rely on emergency rooms for basic

survival. This primary care failure forced Hutchison into living with a Foley catheter, which triggers recurring urinary tract infections (UTIs)—setting off a disastrous chain of hospital errors.

Abandonment at Sutter and a Botched Pre-Op in Ukiah

Hutchison repeatedly sought help for urine retention at the Willits ER. At one of these ER visits the ER staff were unable to place the needed catheter and the Willits ER transferred Hutchison to Sutter Santa Rosa Regional Hospital by ambulance. His wife, Nancy, drove separately through the crisis to meet him. When she walked into the hospital room, the medical staff had completely abandoned him; she found her husband alone on the bathroom floor, clutching the base of the toilet in sheer agony after staff failed to place a catheter. Sutter finally brought in a urologist who successfully placed the catheter. Shortly thereafter Sutter declared Hutchison discharged. When Nancy begged for home care assistance and a safe management plan, staff flatly denied her requests, gave Hutchison pants to wear, (as he arrived without pants), called security, and had guards physically escort Hutchison and his wife out a side door.

Sutter staff stated the catheter needed to be removed in one week and directed Hutchison to the urologist who placed the catheter in the hospital. Hutchison called for an appointment for catheter removal in one week, only to be told none were available. When he finally secured an appointment, staff told him upon arrival that it was only for a "meeting," not catheter removal. Over a month after placement, the Sutter urologist finally removed the catheter. A cystoscopy was performed, and Hutchison was sent home, without a catheter. No bladder scan or urine sample was taken. Upon arrival home, Hutchison ended up back in the Willits ER with a full-blown UTI caused by the prolonged delay in removing the catheter.

Although that infection resolved and he remained catheter-free for a few months, urinary retention returned at the end of 2025. Refusing to return to Sutter Health due to the prior abuse, and receiving no specialist referral from Petruncio, Hutchison was forced back into the Willits ER for help with urine retention. In early 2026, Hutchison visited the Willits ER five times in eight days because placed catheters either failed to drain or fell out.

A Willits ER doctor finally referred him to a local urologist in Ukiah, Dr. Spiegel, who scheduled a TURP surgery at Ukiah Adventist Health hospital for late March 2026. Hutchison paid a required $1,565 share of cost upfront. Under an explicit pre-op agreement, Hutchison withheld his scheduled anxiety medications prior to surgery so pre-op nurses could manage his anxiety directly. However, staff held him in pre-op for two hours without administering his anti-anxiety medication. When his blood pressure spiked, Dr. Spiegel cancelled the surgery, declaring, “Hutchison will have to live in a catheter for the rest of his life.” The hospital flatly refused to refund the $1,565 upfront cash payment.

Emergency Trauma at John Muir and Kaiser Permanente San Rafael

Refusing a life sentence of constant catheter infections and antibiotic-induced constipation, Hutchison searched online and found a urologist at John Muir Health in

Concord, CA—three hours from Willits—who agreed to perform a complete prostate reduction and bladder repair. During the exam the John Muir urologist performed a cystoscopy and removed the Foley catheter. Urologist informed Hutchison that he only did TURP surgeries, not the requested complicated surgery that Hutchison had verified the clinic performed. The Urologist had Hutchison drink fluids for two hours, and—after Hutchison voided a small amount into a cup—declared, "You don't need a catheter, go home."

One hour into the three-hour drive home, his bladder locked completely. In grueling pain, Nancy stopped at a gas station and begged a stranger to lead them to the nearest hospital, reaching the Kaiser Permanente emergency room in San Rafael.

Hutchison waited four agonizing hours in the waiting room, begging staff for help as he neared passing out from pain. When finally seen, an emergency bladder scan—a basic test the John Muir urologist is required to perform and instead skipped—revealed a terrifying 1,100 cc of urine trapped inside a bladder designed to hold 400 cc. The first ER nurse attempted to force a catheter past his swollen prostate and failed, inflicting severe tissue trauma that splattered blood across Hutchison's abdomen and the emergency room walls before a second nurse managed to place the line.

Antibiotic Mismanagement and Cancer Discovery

Following the brutalization in San Rafael, the Redwood Clinic back in Willits collapsed—four of its six doctors quit, and Dr. Petruncio left on an extended vacation. John Muir referred Hutchison to a fourth urologist in Santa Rosa at Providence Medical Group, who agreed to perform the specialized surgery in early September, provided Hutchison was infection-free.

In August, a storm of conflicting antibiotic orders from clinic doctors, the new urologist, and the Willits ER left his UTI uncontrolled. Petruncio was on vacation, but Hutchison insisted on seeing another doctor at Redwood Clinic on an emergency basis. A retired doctor filling in at Redwood Clinic administered immediate intramuscular antibiotics and sent Hutchison to the Willits ER with explicit instructions to start an additional IV antibiotic. The ER physician flatly rejected the clinic doctor’s orders, refused the IV, and insisted Hutchison take oral Levaquin—a dangerous drug strictly contraindicated, especially since the IV ordered by the Redwood clinic doctor would resolve the infection.

During yet another Willits ER crisis visit, a new CAT scan revealed a catastrophic development: while scans taken immediately before the Kaiser Permanente San Rafael injury showed zero presence of cancer, this scan—taken just one month after the 1,100 cc bladder over-distension and tissue trauma—showed advanced cancer rapidly spreading through his bladder and lymph glands.

Post-Surgical ICU Crisis and Lost Oncology Referrals

Willits ER transferred Hutchison to Providence hospital in Santa Rosa, and his UTI was finally stabilized. Despite knowing the CAT scans showed active cancer, the fourth urologist moved up the surgery date and performed an aggressive five-incision procedure rather than a simple single-incision biopsy. The surgical trauma caused Hutchison’s bowels to shut down

completely. When staff tried to discharge him despite zero bowel movements, Hutchison refused to leave; staff administered two enemas that produced only a small, watery movement and discharged him anyway. Two weeks later, he was rushed to the Intensive Care Unit (ICU) at Howard Memorial Hospital in Willits with a dangerously distended abdomen, where ICU staff spent 24 hours clearing a massive impaction of 15 pounds of evacuated stool.

Following his ICU survival, three separate urgent oncology referrals—sent by the Providence hospitalist, the fourth urologist, and the Redwood Clinic—were repeatedly denied as "never received" by the Ukiah office of oncologist Dr. Jin Wang, due to an administrative computer “glitch”. When the appointment finally occurred, Dr. Wang, the urologist, and the family practice agreed on a strict safety boundary: Hutchison would receive no immunotherapy if urine cultures showed either of two aggressive bacteria.

Three Physicians Breach Safety Plan, Causing Kidney Crash

Before starting the treatment for cancer, the urologist took a clean-catch urine sample during a September 22 catheter change to verify he was clear of infection. That September 22 culture came back positive for a small colony of *Proteus*—one of the exact dangerous bacteria they had agreed to avoid—yet the urologist never notified Hutchison or treated the infection, simply marking the file "declined to treat". A subsequent October 3 culture at the Willits ER showed the *Proteus* colony had grown significantly larger, followed by a third culture in mid-October showing an even larger, rapidly escalating infection. Because a MyChart portal glitch locked Hutchison out of his test results, the family remained completely unaware. Although both Dr. Wang and the Redwood Clinic had full access to the positive September 22 and October 3 cultures, neither informed Hutchison, and Dr. Wang pushed straight ahead with Keytruda immunotherapy and ordered heavy IV iron infusions anyway—violating their explicit safety agreement.

Immediately following the Keytruda infusion, Hutchison suffered an agonizing systemic reaction and unrelenting pain. Dr. Wang’s office ignored urgent calls, refused to draw labs, and abandoned clinical triage. Forced back to the Willits ER, staff injected Toradol, further stressing his kidneys while Dr. Wang continued unrequested, heavy IV iron infusions. Hutchison messaged Dr. Wang questioning the iron infusions as he grew progressively worse, unaware the unnecessary iron was feeding the active Proteus infection.

Prescription Malpractice Causes Opioid Overdose and Oncologist Patient Abandonment

On October 19, seeking pain relief, Hutchison saw Dr. Petruncio, who mentioned Hutchison had a UTI—an infection documented in his portal since September 22 and October 3 that Hutchison had never been informed of for nearly a month. Petruncio administered intramuscular antibiotics and prescribed for pain a potent mu-opioid typically used for drug withdrawal. The next day, Hutchison attempted acupuncture, but the treatment failed to relieve the agony. The following day, Hutchison took just half a tablet of the prescribed

opioid, which then triggered a violent interaction with his anxiety medication and that sent him into an acute opioid overdose and back into the ER.

At a November 3 clinical meeting, Dr. Wang dismissed Hutchison’s agony as the immunotherapy "attacking the cancer," claimed there was "no problem" giving Keytruda during an active UTI, and backpedaled on the October 3 culture by claiming the urologist's "declined to treat" note meant he did not need to address the infection. When Hutchison pressed for a safe treatment plan, Dr. Wang stated, “You don’t trust me,” ended the visit, and had Hutchison and his wife escorted out of the clinic.

Standard oncology guidelines strictly warn against giving Keytruda during an active infection. Keytruda works by taking the brakes off the body's immune system so it can attack cancer cells aggressively. When a raging bacterial infection is already present, taking the brakes off the immune system triggers a massive, uncontrolled inflammatory storm. Instead of fighting cleanly, that hyper-charged immune response—combined with the untreated bacteria—inflicts severe pain, reduces the cancer drug's effectiveness, and attacks the patient's own healthy organs, especially the kidneys.

Acute Kidney Crisis and Unresolved UTI

Three days later, on Friday, November 6, the family visited the Howard Memorial ER in Willits solely for a catheter change and routine blood work ahead of a Monday primary care intake. Once the family bypassed the MyChart glitches, his lab history revealed a steady, unmonitored crash in kidney function (eGFR and creatinine) across every treatment. The labs revealed an acute emergency: Hutchison’s kidney function (eGFR) had plummeted unchecked from a stable baseline of 79 to a critical 52.7 at the Willits ER on November 6, signaling acute kidney injury and rapid renal decline. Three attempts were required to place the catheter, which was incredibly traumatic. A clean-catch urine sample was taken, and preliminary tests showed a massive UTI. However, identifying which bacterium was responsible would require waiting several days for the urine culture results.

Hospital staff then trapped Hutchison in an 11-hour ordeal. Staff withheld his anxiety medications, pushing him into severe distress, and twice attempted to infuse incorrect antibiotics—first, a drug the ER physician admitted would be ineffective, and second, Levaquin. Levaquin is flagged "DO NOT USE" on Hutchison’s chart, which is appropriate, as roughly 87% of Levaquin is cleared through the kidneys. Infusing it during acute renal decline risks severe neurotoxicity, tendon rupture, and direct tubular kidney damage. When Nancy intervened and said, "NO Levaquin," the doctor questioned why. Nancy explained that Hutchison had practiced organic chemistry since age 10 and understood the drug's renal clearance risks. The ER doctor dismissively ordered a nurse to chart that the patient refused Levaquin "because they have been doing organic since 10 years old"—requiring Nancy to explain to the physician what organic chemistry is.

At 9 PM, eleven hours after arriving at the Willits ER, and having missed two doses of anxiety medication despite repeatedly asking for it, Hutchison received his first dose of anxiety medication and the correct IV antibiotic before being transferred upstairs. In the hospital, a

floor nurse shut off the vital IV hydration fluids protecting his kidneys and physically yanked on his catheter, causing active internal bleeding. When Hutchison executed an Against Medical Advice (AMA) departure to save his life, the hospital deployed three security guards into the room to encircle and intimidate them.

Hutchison is currently working to establish safe primary care with a new provider amid ongoing delays, and the full extent of his kidney damage remains unknown.

Formal complaints detailing operations at Adventist Health, Kaiser Permanente, Sutter Health, and John Muir Health have been filed and received by the California Department of Public Health (CDPH) through its Santa Rosa District Office, alongside physician filings submitted via the Medical Board of California BreEZe portal.

Media Contact: Nancy Hutchison email: hutchisonlab@yahoo.com, phone: 612-703-5533
Address: P.O. Box 2199, Willits, CA

About John Hutchison and Nancy Hutchison: John Hutchison is internationally known for his experiments in electromagnetic levitation and the transmutation of matter. Over 15 years ago, Hutchison assisted in remediating oil-polluted waters during the BP Oil disaster, and following the Fukushima nuclear disaster, he shifted his focus to remediating ongoing radioactive contamination, performing his work quietly without cost. Nancy Hutchison has a background in investigative journalism, having previously produced and starred in her own television series.