

# HEAVENLY

# RESCUES

## & ANSWERED PRAYERS

**TRUE STORIES OF FAITH AND MIRACLES  
FROM A FIRST RESPONDER**



# ANDREA JO RODGERS

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HARVEST HOUSE PUBLISHERS  
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*Be joyful in hope, patient in affliction, faithful in prayer.*

ROMANS 12:12

This book is dedicated to all those suffering  
from multiple myeloma as well as their families.

May God in His infinite mercy provide  
a cure for this disease.

.....

It is also dedicated to my friend Norman —  
thank you for all the love, support, and prayers.

You hold a special place in my heart.

.....

Lastly, this book is dedicated to my husband, Rick —  
my true love and my soulmate.

I couldn't do it without you!

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# Contents

Introduction .....	7
1. Life at the End of a Yo-Yo String .....	11
2. The Father's Day Miracle .....	19
3. Miracle on the Tracks .....	31
4. A Tickle in My Throat .....	43
5. The Mysterious Chest Wound .....	49
6. Ain't Misbehaving .....	59
7. More Time Together .....	67
8. The Transformation .....	75
9. Hoping for a Miracle .....	83
10. The First to Cast a Stone .....	97
11. Never Too Old for a Miracle .....	105
12. Happy Birthday .....	115
13. Piecing It Together .....	121
14. Four-Legged Guardian Angel .....	131
15. Our Father .....	145
16. Not on My Watch .....	153
17. Wings to Fly .....	159
18. Through the Ice! .....	173
19. The Premonition .....	181
20. Rescuing One of God's Children .....	185
21. The Answered Prayers .....	193



# Introduction

**H**ave you ever wished you could keep yourself and loved ones safe from danger? Perhaps you envision placing a protective bubble around the newest driver in the family or maybe figuring out a way for germs or cancer cells to bounce off those closest to you. For some, the desire may be not for physical protection but for safeguarding the hearts and minds of family members or friends during periods of personal difficulties.

I've been a volunteer emergency medical technician (EMT) on my town's first aid and rescue squad for 35 years, responding to more than 9,300 emergency calls. Along with my fellow squad members, I've been called to help those suffering cardiac arrest, victims of trauma from accidents, near-drownings, people suffering from drug overdoses, and a variety of other medical emergencies. We're blessed to be able to serve as instruments of God, acting as cogs in the wheel of heavenly orchestrated interventions. In my capacity as an EMT, I've observed firsthand how God carefully puts together all the pieces to create jaw-dropping, awe-inspiring rescues.

As an emergency medical services (EMS) volunteer, I meet people at their most vulnerable moments, when a seemingly ordinary day can suddenly morph into one that is dark and sinister, challenging their faith and calling into question an ongoing earthly existence versus transitioning to eternity with God. In these times of profound crisis, people



turn to God for help. I know He hears our prayers, for I've seen them answered in ways that defy logic. His loving hand pulls us literally or figuratively to safety in ways that cannot be written off as mere chance.

"Wow, that was a lucky save!" some might say. I believe it's not luck at play but rather God's saving grace. The orchestrator of miracles, He puts all the pieces in motion to create occurrences that are truly beyond mere coincidence. In this book, I share my firsthand accounts of the ways God works to protect and save us. If we open our minds and hearts to the quiet presence of God in our lives, we'll be able to recognize these heavenly rescues.

## Volunteer Members of the Pine Cove First Aid and Emergency Squad

**Jessie Barnes**—optometrist

**Carl Blakely**—businessman

**Colin Branigan**—actor with local  
theater group

**Kerry Branson**—architect

**Kit Carmichael**—financial advisor

**Mason Chapman**—auto mechanic

**Clint Edwards**—considering joining  
the armed forces

**Jocelyn Farnsworth**—bakery owner

**Donna Ferlise**—part-time florist

**Colleen Harper**—speech therapy  
student

**Archie Harris**—retired state employee

**Helen McGuire**—nurse

**Ted O'Malley**—retired national park  
service employee

**Andrea Jo Rodgers** (the author)—  
35+ year volunteer on the rescue  
squad; physical therapist

**Jose Sanchez**—retired politician

**Buddy Stone**—retired pharmaceutical  
salesman

**Kayla Taylor**—retired dancer

**Greg Turner**—retired electrical  
engineer

**Alec Waters**—veterinary student

**Darren Williams**—retired army  
veteran

## Members of the Pine Cove Police Department

Officer Ethan Bonilla

Sergeant Kyle Jamieson

Officer Jack Endicott

Officer Vinnie McGovern

Sergeant Derrick Flint

Officer Brad Sims

Dispatcher Jerome Franklin

Officer Pedro Suarez

## Paramedics

Rose Anderson

Paula Pritchard

Ty Fleming

Kennisha Smythe

William Moore

Arthur Williamson



## Chapter 1

# Life at the End of a Yo-Yo String

*Be strong and take heart,  
all you who hope in the LORD.*

PSALM 31:24

**DISPATCHER:** "Request for the first aid squad at 600 Highway 65 for a two-year-old with an asthma attack."

**A**s my first aid pager beeped, I glanced at the oven clock. My brownies had two minutes to go before they'd be finished baking. I felt bad, but I knew I couldn't respond to this call. We were already running late for Father's Day dinner at my sister Marie's house. As an emergency medical services volunteer, my family is used to me messing up holiday plans. It just goes with the territory. Marie planned to serve the meal in a few minutes. My husband, Rick, and our twins, Anna and John, were looking forward to it, and I was hoping not to spoil it. I knew we had other squad members available to help the victim with asthma.

I've been a volunteer emergency medical technician with the Pine Cove First Aid Squad for 35 years, responding to about 250 to 350 calls per year. We're a busy squad, responding to 1,000 first aid and fire calls each year. Our rescue squad includes approximately 25 members,

ranging in age from 16-year-old cadets to those in their eighties. Since we live in a small town, we're able to respond to calls from our homes (or wherever we happen to be when we're dispatched) rather than stand by at our first aid building. When we're needed, our pagers are activated, and the dispatcher tells us the location and nature of the call. In addition, our cell phones have an app that notifies us of emergencies. Normally, it works out and we have more than enough members to respond to calls. I hoped a crew would call in service for the child with the asthma attack quickly. Otherwise, I'd be feeling mega-guilty.

Rick wandered into the kitchen, drawn by the rich chocolate scent floating from the oven. He's smart, hard-working, and has a sweet tooth. He can detect home-baked goodies from vast distances. "Why are you making brownies? Are you bringing those to Marie's house?"

"Yes, but they still need one more minute. Can you please tell the kids to get in the car?" Originally, Anna was supposed to have softball practice from 3:00 to 5:00 p.m. at the field on the other side of town. Her practice was canceled at the last minute (probably because the coach realized lots of families are firing up their grills for Father's Day), so I made a spur of the moment decision to start baking. I didn't realize it at the time, but God was already beginning to put the pieces in motion to create a miracle.

I watched as the oven timer ticked down the seconds. When there were still 15 left, I yanked the brownies out and tossed them onto a trivet on the counter. I like to be early for appointments and outings, and I'd told my sister we'd be there by a quarter to five. There was no chance of that happening.

I shoved the tray of brownies, still hot from the oven, into the back of our SUV. "Father's Day dinner, here we come," I said as I slipped into the driver's seat and pulled out of our garage.

As we approached the stop sign at the end of our street, my pager began chirping again. "Don't worry. I know I can't go," I said before my family could protest. "It's going to be a second request for a two-year-old with an asthma attack." I was dead wrong. The dispatcher's words startled me.

**DISPATCHER:** "Request for first aid at 720 Falcon Street for CPR in progress."

This wasn't another request for the pediatric call. It was a different address, about a mile from the first call. If someone was receiving cardiopulmonary resuscitation (CPR), that meant they were in cardiac arrest. They didn't have a heartbeat. They were clinically dead, necessitating urgent care for a chance at resuscitation.

I slammed on the brakes. "Sorry, but you have to get out. You can walk back home and take the other car to Marie's. Just eat without me."

Did I feel bad about throwing my husband and children out of the car? *Yes*. Fortunately, my family gets it. They understand the balance: sometimes family comes first, and other times first aid calls come first. Given the life and death nature of this alert, the first aid call took priority. No way would I eat dinner while someone's life hung in the balance.

I plugged my blue light into the cigarette lighter and flipped the switch on. Falcon Street was a mere three-quarters of a mile away. I decided it'd be faster to drive straight to the scene rather than two miles to our squad building. I figured some of the squad members who were responding to the asthma call would divert to the CPR call and meet me there with the ambulance. Rather than resetting my pager, I left the channel open so I could hear the transmissions of the rigs and dispatcher. I noted the dispatcher hadn't given much information about our patient. Was the victim a man or a woman? Young or old? I wondered if it was a witnessed arrest, meaning someone saw the person collapse. We have better odds of resuscitating people who have witnessed arrests with a short "down" time (period of time the person is without a pulse and not breathing before someone begins CPR).

When I got to Highway 65, I made a quick right turn and headed south. The pediatric asthma call was also on Highway 65, about a mile to the north. I glanced in my rearview mirror and noticed a Pine Cove police car coming up fast behind me. I pulled over to let him pass so he could lead the way to the CPR call. I glanced over as he drove by. I

was glad to see Sergeant Kyle Jamieson, one of our finest men in blue. He's been a member of the police department for nearly as long as I've been a volunteer. He's also a certified EMT. We work together well as a team, and I couldn't think of anyone else I'd rather be with on this call.

Kyle recognized my car. "I'm being followed by a squad member to the scene," he told dispatch.

"Received," dispatcher Jerome Franklin replied. A veteran dispatcher, he always remains calm, even in dire emergencies.

"We're on the ramp," ambulance driver Clint Edwards notified Franklin. "We're diverting from the Highway 65 call and responding to the CPR call with a short crew. If we don't get additional members, you may need to call mutual aid to cover the asthma call."

Mutual aid means requesting a neighboring town's rescue squad to help. For example, if we have multiple calls at once or an accident with numerous victims, a nearby town will be called to give us a hand. Likewise, if they need help answering a call, we'll be dispatched to respond. This practice strengthens the fabric and resiliency of the volunteer EMS system.

Sergeant Jamieson turned left off the highway onto Falcon Street. A few blocks later, he parked in front of a well-kept beige Colonial with white shutters. I parked across the street, careful to leave room for our ambulance. I met Kyle at the open trunk of his patrol car. He grabbed the green jump kit and a defibrillator while I took the suction unit. We rushed along a red brick walkway, up a few front porch steps, and through the open door into a sunlit hall. A middle-aged woman with shoulder length brown hair and frightened eyes pointed toward the staircase. "They'll tell you what happened upstairs."

We hurried up the carpeted staircase. The clock was ticking, with each second that passed lessening our patient's chance of survival. About 90 percent of those who experience an out-of-the-hospital cardiac arrest die.

As I entered a large bedroom, I spotted a middle-aged man with short brown hair and an average build lying flat on his back on the floor, close to the foot of a king-size bed. The purplish-blue color of his face

indicated he wasn't getting enough oxygen. He had agonal respirations, which are inadequate, reflexive, gasping-type breaths that people often make at the time of death.

A young woman knelt on the right side of the gentleman, performing chest compressions. Another young woman stood next to her, clutching a cordless phone. I assumed they were the man's daughters. A 911 operator was giving instructions via speakerphone on how to properly administer CPR.

Kyle and I knelt on the man's left side. I palpated the side of his neck for a carotid pulse. "No pulse."

Kyle deftly attached the defibrillation electrodes to the machine, pushed the unit toward me, and took over performing chest compressions. I placed the defibrillation pads on our victim's chest, turned on the unit, and pressed the analyze button.

Our squad carries semiautomatic defibrillators (SAEDs). Once you attach an SAED's electrodes and turn the unit on, it announces directions. In this case, the unit instructed "Shock advised."

"Everyone clear," I said, waving my arm over the man's body to make sure no one was touching him. If a person contacts the victim when he's defibrillated, you end up with two victims. Just as a shock from an SAED can start a heart that has stopped, it can also stop a heart that is beating. The machine charged up with a loud whirring noise. I pressed the shock button and powerful joules of energy coursed through our patient, causing his body to jerk.

"Low battery warning," the machine advised. How many times could the machine shock before it ran out of juice? I didn't want to find out. "Kyle, can you tell the rig to bring our defibrillator up?" I knew they most likely would anyway but didn't want to take any chances.

Kyle nodded and keyed the mike on his shoulder to relay the message to Clint.

Since I'd left my pager channel open, I could hear Clint speaking with dispatcher Franklin. "Should I send Marina Beach police to assist with the call?" Franklin asked Clint.

"No, send Sandy Springs. They're closer," Clint replied.



Sandy Springs is a small town just to our south. *That's good. We'll have additional defibrillators if ours runs out of battery power.* I took a deep breath and performed chest compressions at a rate of 100 per minute. My adrenalin surging, I reminded myself not to pump too fast. Ironically, our first aid squad recertified in CPR less than a week ago.

Kyle hooked the bag valve mask (BVM) to a portable oxygen tank. A BVM is a handheld device used to provide positive pressure ventilations (i.e., breaths) to a person who isn't breathing or who has inadequate respiratory effort. Hooking the BVM tubing to an oxygen tank allows us to supply 100 percent oxygen instead of the normal 21 percent in room air. The mask is placed over the patient's nose and mouth. The rescuer squeezes the bag portion (similar to a football) just enough to allow the patient's chest to rise. Kyle began squeezing the BVM, deftly administering rescue breaths and sending much-needed oxygen into the man's lungs. We worked as a team, providing chest compressions and rescue breaths.

I glanced up at the women. "Can you tell us what happened?"

The daughter who knelt on the floor next to us spoke first. "I'm Jenna and this is our father, Scott Williams. We just got home from Father's Day lunch. My dad said he felt very full. I told him I'd get him a glass of water. I wasn't out of the room ten seconds when I heard a crash." She paused to take a deep breath. "When I rushed back in, I found Dad on the floor. When I called his name and shook his shoulder, he didn't respond. I could tell he wasn't breathing. I called my sister, Colleen, to help."

Colleen, visibly upset, stepped forward. "I called 911 and yelled down to my mother to come up. The 911 dispatcher told us she was sending an ambulance. She told us how to check Dad's pulse. Since we couldn't feel one, she told us to start pressing on his chest. We've never done CPR before. I hope we did it right."

"You did fantastic," Sergeant Jamieson replied. Just then, Sandy Springs police officer Alejandro Cabello entered and handed Kyle an SAED. Kyle switched defibrillators and pressed the analyze button. *No shock advised.*

Officer Cabello assisted Kyle by keeping Scott's airway open with a head tilt/chin lift maneuver. This technique is used to open an unconscious person's airway by tilting the head back into a hyperextended position with one hand and gently lifting the chin with the other hand. It helps prevent the tongue from blocking the airway. We use this maneuver when we don't suspect neck trauma.

Scott had been without a pulse for about five minutes. Why wasn't the defibrillator recommending a second shock? Was he in asystole (flatline)? Defibrillators don't work for asystole. I worried his chances at resuscitation could be slipping away like petals from a wilting rose. *One, two, three, four, five, six.* Silently, I counted chest compressions and kept pumping on Scott's chest. I glanced at his face. It seemed less blue. The oxygen appeared to be helping.

"Press to analyze," the defibrillator instructed. Kyle re-pressed the analyze button. "Press to shock," the machine coached. Since the SAED was recommending another shock, I thought Scott could be in ventricular fibrillation (V-fib), a heart rhythm marked by ineffective contractions caused by abnormal electrical activity. Instead of a body organ with regular, normal contractions, picture the heart as a bag full of squirming worms.

Kyle pressed the button, and once again, hundreds of joules of energy poured into Scott's chest. I prayed the shock would convert his fatal cardiac arrhythmia back to a normal one.

Two more Sandy Springs police officers, Ned Kearns and Reece Albertson, rushed into the bedroom. *Good. More help.* A focused current of tension filled the room as we worked feverishly to bring back Scott.

"Alejandro, can we switch, and you take over compressions?" I asked. He nodded and slid closer to me, ready to take my place when I finished my set of thirty. Once he took over, I switched from Scott's right side to his left. I fished a set of oropharyngeal airways out of Sergeant Jamieson's first aid jump kit and pulled one from the center of the box. Oropharyngeal airways, also called oral airways or OPA for short, help to maintain an open airway by preventing the tongue from covering

the epiglottis. I measured it from the tip of Scott's ear to the corner of his mouth and inserted it into his mouth, careful to rotate it 180 degrees as I put it in.

Once I finished, Kyle passed me the BVM. "You can take over breaths." He placed two fingers along Scott's carotid artery. "Hey, I've got a strong pulse. Hold compressions."

My heart filled with hope. *Come on, Scott, fight. You have a wonderful wife and two beautiful daughters who love and need you.* I continued performing rescue breathing, squeezing the BVM once every five seconds. I glanced at Jenna. She knelt about five feet away, stared intently at her father's face, willing the man who helped give her life to live. Her mother entered the room, eyes filled with tears. She and Colleen embraced.

"We've lost pulses. Start compressions again," Sergeant Jamieson said. Officer Cabello placed his clasped hands on Scott's sternum and resumed pressing down on his chest.

Scott's life hung at the end of a yo-yo string, flirting between continuing life on Earth versus transitioning to the afterlife. At this point, it was hard to tell where he would ultimately land, but for the sake of his family, I was praying for Earth.