

After a horrific accident, Jalen Richardson reclaimed his life with the help of the Grady Burn Center, a service dog named Shadow, and his National Guard unit

MAN ON FIRE

BY KIMBER WILLIAMS



SEPT. 4, 2016 By all predictions, Atlanta's long Labor Day weekend was going to be a scorcher, with temperatures soaring toward the 90s and air that hung swampy and still, offering little promise of relief. To Jalen Richardson, it didn't matter. He knew how to create his own breeze.

“Two bikes on fire with a rider melted to the asphalt? That doesn't happen every day.”

—FIRST RESPONDER
TRAVIS OWENS

Even as he left his shift at UPS that warm Sunday afternoon, Richardson was mentally mapping his ride—a quick cruise downtown to grab a burger at The Varsity before rolling east toward Atlanta's Edgewood neighborhood.

Pulling on protective gloves, his helmet and a heavy, padded jacket, Richardson knew his first stop would be to meet up with friends at the QuikTrip near Interstate 20 and Panola Road in Lithonia, a popular spot with local riders.

Richardson was 18 when he bought his first motorcycle. It was small, salvaged from a local flea market, but he loved everything about it—the ease, the power, the way a bike could mirror your every move. It was man and machine working as one, a heart-pounding sense of freedom that, short of sprouting wings, was the closest he could come to flying.

The following year, he graduated to a bigger, faster ride. Classified as a super sport bike, the flashy blue-and-white 2003 Suzuki GSX was noted for its sharp, precise handling. Weighing around 350 pounds, it was a powerful machine—sleek, agile, and quick.

It had taken time to find his riding group, a handful of guys in their 20s who cruised around metro Atlanta together two, three times a week.

As they fueled up that evening, a larger pack of bikers rumbled into the gas station. Over casual banter, they decided to tag along with Richardson's crew. Now more than a dozen bikes strong, the riders merged onto Highway I-20 heading west. Richardson found his place sandwiched comfortably between the two groups, his friends pulling ahead, the others trailing just behind.

No one knows where the Kawasaki EX-250 came from—an outsider, wedging his way into the pack. Traffic was slowing near the Wesley Chapel Road exit when the Kawasaki suddenly darted in just behind Richardson, striking his back tire.

The shuddering impact was abrupt and violent, instantly toppling the heavy Suzuki and Richardson with it. Hitting the asphalt hard, his right hand reflexively squeezed the throttle, sending the engine screaming and wheels spinning even faster. Body and bike skidded down the highway in a fiery shower of sparks.

For Richardson, a Georgia Army National Guardsman in top physical condition, it was a surreal moment, played out simultaneously at high-speed and in slow-motion. Driven by a monster surge of adrenaline, he fought to free the left side of his body, now pinned under the full



Jalen Richardson (left), a Georgia Army National Guardsman who had been riding since he was 18, stands beside his Suzuki GSX. Travis Owens, Jeff Daniels, and Michael Gales (l-r, below) were among the first responders at the scene of the crash and helped stabilize and transport Richardson to Grady Burn Center.



▲▲ PHOTOS COURTESY OF JALEN RICHARDSON

▲▲ PHOTOS COURTESY OF DEKALB FIRE & RESCUE

weight of his bike. He didn't know his gas tank was punctured or notice the long, oily streak of fuel smeared behind him, a dark, combustible stain on the pavement.

Hearing a boom, his friends turned back to gasp at the resulting explosion—a flaming mushroom cloud that grazed traffic signs 20 feet above the highway.

Somewhere within the inferno was Richardson.

Blown from his bike, he felt himself falling hard against the pavement. There was no awareness of being engulfed by fire, only the roar of a hard, driving wind. Within moments, Richardson was the epicenter of a sudden public clamor, as panicky motorists doused him with bottles of water and Big Gulps, tossing a blanket over his smoldering riding gear.

Hearing low, guttural groans—like an old man trying to get out of bed, he thought—Richardson suddenly realized the sounds were coming from him.

Against the screams of bystanders Richardson tried rising to his hands and knees, unable to comprehend how badly he was hurt. The flames had seared his gasoline-soaked left arm so quickly, so deeply, it was already cutting off

blood to his muscles, leaving his fingers numb and tingling.

Softened by the industrial-strength heat, the top of his motorcycle helmet was melting, collapsing like a soufflé. Strangely, he felt almost no pain—many of the superficial nerve endings that laced his dermis had been incinerated.

In fact, an astonishing amount of his skin was simply gone.

'MELTED TO THE ASPHALT' The call came to DeKalb Fire Rescue Station 21 shortly after 8 p.m. A collision had left two motorcycles ablaze on Highway I-20 with reports of multiple injuries.

Captain Jeff Daniels and two members of his company—firefighter Michael Gales and driver-operator Travis Owens—were wrapping up a nearby call on Fairington Road when they spotted rising plumes of thick black smoke.

They arrived to find twin fireballs—two motorcycles, still burning. Grabbing hoses, Daniels and Gales quickly extinguished the flames while Owens, an emergency medical technician, assessed injuries. There was a woman who had broken her arm falling from her motorcycle, Richardson, and the rider who had struck him.

As other units arrived, Owens focused on Richardson, who was clearly in the worst shape. Preparing him for transport, he discovered that Richardson's nylon-and-mesh riding jacket had melted and hardened, affixing him like a barnacle to the highway.

Using trauma shears, first responders carefully cut the jacket from the pavement, leaving a sooty crime-scene outline of Richardson's body.

“I've worked a lot of motorcycle wrecks out of Lithonia,” Owens says. “Two bikes on fire with a rider melted to the asphalt? That doesn't happen every day.”

As the body's largest, most visible organ, skin offers a first line of defense—a protective barrier sealing precious fluids in and keeping harmful microbes out. With all the skin Richardson was missing, Owens knew his condition was critical.

In the ambulance, Richardson's vitals were hard to assess, there was so much damage. Owens, attempting to administer an IV, couldn't access veins via his neck or arms. Instead, he drilled into a shin bone, inserting an intraosseous IV to pump fluids directly into Richardson's bone marrow—a non-collapsible point of entry.

Within minutes, the ambulance was rolling, with Gales—a medically trained first responder—still aboard. "I just wanted to stay with the patient," Gales recalls.

THE ULTIMATE TRAUMA

Following early evening rounds, Emory surgeon Juvonda Hodge had just left the Grady Memorial Hospital Burn Center, heading home to chill out, when a call came that would send her scrambling back to work.

Paramedics were reporting a 20-year-

old patient with flame-related burns en route to Grady Hospital's Marcus Trauma Center, and Hodge was still on call.

She rushed back to the hospital, her thoughts racing ahead. Burns often appear by seasons—space heaters in the winter, fireworks in the summer, campfires in the fall.

From boiling water to trash fires, thermal (direct heat) burns happen year-round and are the most common injuries treated at the center. Every burn is classified by the degree of injury (how deeply the damage extends) and the percentage of total body surface area (TBSA) affected. In Richardson's case, paramedics warned, the damage looked extensive.

Estimating the TBSA helps predict not only a patient's risks, but how much healthy skin remains—a crucial resource down the road, says Hodge, an Emory assistant professor of surgery, trauma, and surgical/critical care at Emory School of Medicine and assistant medical director at the Grady Burn Center.

Richardson was presenting as a "big burn," with third-degree burns (damage to all three layers of skin) covering 60 to 70 percent of his body—a TBSA seen in only a small fraction of the 700 new patients admitted to the Grady Burn Center each year.

By the time the ambulance arrived, Hodge and her team were waiting. Cutting away Richardson's charred clothing revealed a lean, healthy young man who was marveling over his melted helmet, although he would have no memory of that later.

"Tell me what happened," she urged. "Can you move your arm? Your hand? Can you feel me?"

After first evaluating Richardson for trauma—amazingly, there were no broken bones, no critical head or organ injuries—her focus immediately shifted to his damaged skin. A sprawling pattern of burns meandered across his body, etched in random streaks and broad swaths. Much of his torso and back, his face, both arms and his thighs were already an angry, peeling patchwork of pink, tan, and brown.

But it was his left arm that quickly commanded Hodge's attention. Typically, the deeper the burn, the drier a wound appears. From Richardson's left bicep to his fingertips, Hodge could see damage into the muscle, his flesh pearly, tight

and hard—literally cooked. When he couldn't flex his fingers, Hodge grew even more concerned.

Richardson was intubated, given IV fluids, and eased into a medically induced coma to manage his pain. Once stabilized, he was transferred to the burn center's intensive care unit for cleaning and debridement—the painstaking removal of debris and dead tissue—and a closer assessment of his wounds.

When a deep, full-thickness burn encircles a limb, damaged skin loses elasticity, stiffening like a rigid, leathery cast. So Hodge quickly performed an escharotomy—a series of small incisions resembling little tiger stripes—along his arms and legs to relieve pressure, improve circulation, and allow Richardson's underlying soft tissues to rehydrate and expand, preventing further damage.

When she stepped out to speak with his family, Hodge chose her words carefully.

Burns are the ultimate trauma, stressing every system of a patient's body. The road to

recovery is long, painful, and never straight, she told them, a physical and emotional journey navigated in halting, hard-fought stages. From pneumonia to stubborn infections and potential graft rejection, there is no predicting what complications might arise.

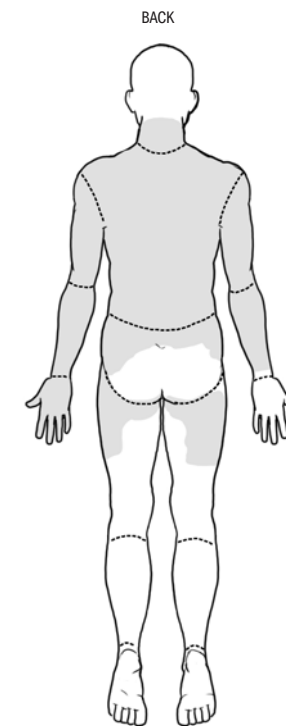
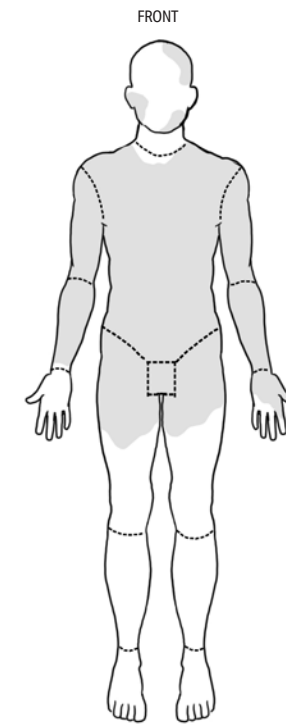
"As long as we keep moving forward, I am going to push forward," she promised. "If there is a point in time I cannot move forward, I will tell you."

It was hard to hear. Impossible to imagine this athletic young man—once a scrappy wrestler and football player at Southwest DeKalb High School who enjoyed running anywhere, everywhere—suddenly stilled.

MARATHON OF ENDURANCE Burn care is a carefully calibrated exercise in rebuilding what is lost—assessing damage, removing dead tissue, and growing or transplanting new skin to replace it.

An excruciating process, it demands time, patience, and fortitude from the patient and the care team. Deep, extensive burns can require months of treatment and rehabilitation; a full recovery can take years. "The pain is severe and sustained, probably one of the worst types of pain we can go through. And recovery is a marathon, not a sprint," says Walter Ingram, associate professor of surgery at the Emory School of Medicine and trauma/surgical critical care at Grady.

Ingram, who left a career as a NASA aerospace engineer to pursue medicine, completed his general surgery residency and a trauma/burn fellowship at Emory. In 1992, the year his fellowship concluded, he was named medical director of the Grady Burn Center, which has



Richardson had third-degree burns covering 60 to 70 percent of his body, as depicted on the Lund and Browder chart (above) used by the Grady Burn Center—a percentage seen in only a small fraction of patients admitted.

ILLUSTRATION BY MICHAEL KONOMOS

nearly doubled in size under his leadership.

He now leads the only comprehensive burn center in Atlanta, one of the largest and most highly rated in the country. The center's medical staff treats some 3,500 adult and pediatric burn patients each year, and teaches the next generation of healers.

Ingram knows the legacy of burns can last a lifetime. It's not unusual to treat someone as a child and see them return 20 years later with new health issues—skin grafts stretched from weight gain, scars that contract.

Within that long arc of care, from emergency room visits through years of reconstruction, Ingram finds both focus and fulfillment.

In Richardson, Ingram saw three advantages: he was young, fit, and healthy.

Patches where his skin was missing were cleaned and covered with Integra, a clear bio-film made from cow-tendon collagen, shark cartilage, and silicon that serves as a temporary bandage, guarding against infection and restricting heat and moisture loss. An outer layer shields the wound; an inner layer provides a porous scaffolding to encourage skin cell regeneration.

"Artificial skin offers a template," Ingram says. "Cells will grow into the template to construct a new dermis, then you can come back and replace it with a thin layer of epidermis."

Without skin, burn patients lose fluid at astronomical rates. So Richardson was inundated with fluids, continually monitored for small changes that could foreshadow bigger problems. Hodge also kept a wary eye on Richardson's left arm. "We try at all costs to save a limb, especially where a loss could be life-altering," she says.

But dead tissue amplifies the risk of infection. A little over two weeks after the accident, Hodge determined that his forearm was not salvageable. Burned to the bone, there was simply no functional blood supply; it would need to be amputated. With Richardson sedated, she asked his family for consent. When he awoke months later, she would tell him, "We were trying to save your life. We just couldn't save that part of it."

Next, the focus turned to skin grafts, removing healthy tissue from a donor site—on Richardson's own body—to replace missing skin, a progression managed in careful stages over weeks and months. With half of one arm gone and extensive damage, most of the grafts would



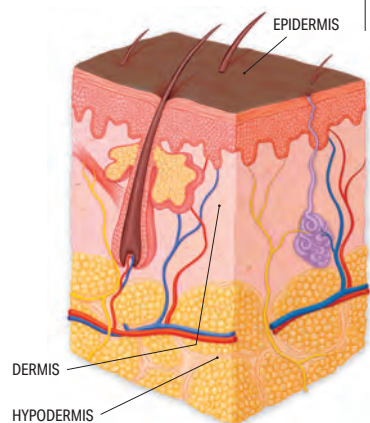
Clockwise, from top: Grady Burn Center treats about 3,500 patients a year; Richardson in early recovery; Emory doctors Walter Ingram and Juvonda Hodge (above).



Skin 101

Our largest, heaviest organ, skin serves three critical roles: protection, regulation, and sensation. A burn wound affects each of those functions.

- Consists of three primary layers: the **epidermis**, a flexible, protective outer layer—the deepest strata produces pigment, which controls skin color; the **dermis**, a tough, elastic middle layer that cradles sensory nerve endings, hair follicles and sweat glands and helps regulate body temperature; and the **hypodermis**, the deepest fatty layer, which helps insulate, cushion, and anchor internal organs.
- Serves as our **central sensory organ** for touch, pressure, temperature, and pain.
- Plays a key role in **metabolism**, including the synthesis of vitamin D from sunlight.
- Offers a **waterproof barrier** to help restrict loss of fluids.
- Communicates with our immune system to actively help **fight infection**.
- Possesses the ability to **produce and release hormones**.
- **Provides protection** from harmful UV light.



have to come from his buttocks and legs.

To maximize coverage, small, thin pieces of Richardson's healthy skin were removed, then meshed—fed like a sheet of paper through a machine that perforated it with tiny, uniform holes. The result? A grid-like pattern that allows a piece of skin to expand, stretching to cover a much larger area.

Once in place, the expanded graft offers a lattice-work to support new skin growth, sometimes leaving a net-like texture as it heals. Within days, a successful graft develops blood vessels, connecting to surrounding tissue. Using a patient's own skin lowers the chance of rejection. With a limited supply of healthy skin, Hodge sometimes had to remove grafts, let the donor site heal, and return later for yet another graft.

Essentially, Richardson became his own skin farm. Only the burns on his face and right hand would heal on their own.

Replacing skin can seem like a raw, bloody business, as surgeons create a new wound to heal another. But among the Grady Burn Center team, Hodge's grafts are admired for their precision and artistry. "She's so graceful we call her 'The Ballerina of Burns,'" says Nicholas Ringfield, a member of the team of nurses who cared for Richardson. "Burns aren't pretty, but her suture lines are like brush strokes, just immaculate."

Slowly, Richardson was pieced back together, sedated throughout the nearly three-month grafting process—about 14 surgeries, all told. Meanwhile, his care team changed dressings and attended to wound care, monitored vital signs, checked for infection, and addressed his soaring nutritional needs. Growing new skin creates huge metabolic demands, requiring a surge of calories. "People with a big burn don't leave here fat," Hodge says. "Without good nutrition, muscle can start breaking down, which can leave them weaker and further compromised, launching a dangerous cycle."

Through it all, his family waited, wondering what version of Jalen Richardson would return to them.

FACING THE BIG UNKNOWN The last thing Richardson remembers from the accident was the wail of an approaching ambulance. When he awoke, it was November.

As he was eased out of sedation, Richard-

son absorbed new sensations: tubes and gauze dressings; an inflatable burn recovery bed; waves of naked, aching pain. Engulfed in bandages, he felt more like a mummy than a man.

Told what had happened, he could only listen silently. "With a tube in my throat, I couldn't talk," he recalls. "I just had to lay there. It was almost like being a sculpture. People would look at me like I was a painting in a museum."

It took him two weeks to realize his left arm was missing from the elbow down.

In December, Richardson got his cell phone back. Doctors were planning to remove bandages from one of his legs, and his mother had urged him to document the progress. Turning on his camera phone, he discovered it had been left in selfie mode. Staring back at him was a face he didn't recognize, a crazy quilt of spattered pigment.

"Pretty much everything was 50 shades of pink and brown," he says. "It was tough to see. I knew it was going to be hard to live with."

His once-chiseled 170-pound frame had withered to 113 pounds, his body a tender landscape of healing grafts. Before the accident, Richardson was a wheeled vehicle mechanic with the Georgia Army National Guard, taking health and fitness classes at Clayton State University, and posting workout tips on YouTube.

Now he was too weak to roll onto his side, much less stand and walk.

Healing would take time. His days narrowed to a painful cycle of wound care: removing bandages, cleaning and redressing grafts. "It can bring you down," he admits. "All you are thinking about is going through this pain every single day with no relief in sight."

In time, his caregivers began to see sparks of personality. Even while intubated, Richardson would scribble funny quips on paper to coax a smile. Within him, a light seemed to be flickering back on.

Hodge was optimistic. Aside from his arm, Richardson was presenting a textbook recovery. And though he faced a long rehabilitative road, he was making great progress.

Plans were made to release him shortly before Christmas, a departure typically marked by balloons and cheering. Yet for Hodge, it's also a bittersweet moment. "You know that you've done the best you can do, and that the rest is up

to them," she says. "It's like, 'I've gotten you to the fourth quarter, but you have to finish.'"

"That's always the big unknown," she adds.

BURN CENTER 2.0 After just a few weeks, Richardson was back.

Physically, he was decompensating—malnourished, still unable to stand. Some of his wounds were breaking down, a few donor sites opening back up. Returning to the hospital felt like a setback, leaving him depressed and disengaged, as if giving up.

His care team diagnosed a "failure to thrive." Though Richardson insisted he was "eating everybody out of house and home," his nutritional intake just couldn't keep pace with his soaring metabolic needs.

Hodge was stunned; Richardson had shown so much promise. "For a burn surgeon, to go back and close wounds that you created is disheartening," she admits. "My first thought was 'What went wrong? What can we do to support him? How are we going to bring him back?'"

"For patients who are here a long time, it's hard," Hodge acknowledges. "Progress is slower, and it's an emotional journey. It was a matter of 'How can I help this kid realize he's strong enough to get through this?'"

Every patient defines their own recovery, says Ingram, who chose burn care in part because of the lifelong relationships it offers with his patients. Along the healing continuum, it's not uncommon to see depression and frustration, he says, especially in young people.

So they started over: Repairs and daily wound care; scar management; nutrition; pain control and rehab. "Burn care demands a very labor-intensive, cohesive team approach," Ingram says.

This time, Richardson was different. He didn't want his blinds open or the television on. The pain made him feisty. Some days, he refused to shower, didn't want his sheets changed, resisted therapy. He begged to be sedated again, to sleep through the pain.

It was, he acknowledges, the darkest chapter of his journey.

Wound care that should have taken under an

It took him two weeks to realize his left arm was missing from the elbow down.

hour could drag on all day. To Richardson, it felt like reliving the accident all over again. "They see progress, but I was just seeing these big bloody wounds, every day," he says. "All I could think about was day after day of more wound care. I was giving up on myself."

Once, while Ringfield was redressing Richardson's wounds, he was startled to hear a strange voice on speaker phone: "Hello, 911, are you safe?"

Looking up, he realized that Richardson was calling the police.

It was a first, but the nurse understood. "Here's a 20-year-old, just coming into himself, with all decision-making capacity stripped away," he says. "With wound care, there can be anguish, depression, and anxiety. We step out of the room and patients are left with their thoughts. Why me? Who will love me? Will I look the same? Will I go back to work? All the Kübler-Ross stages of grief are there."

That's when Hodge stepped in. Some days, after working a full shift she would stop by to change Richardson's bandages herself. "Every patient is different, with different needs," Ringfield reflects. "She brings what I call individualized compassion."

At 5'11", Hodge is a formidable presence: strong, capable, and direct. Working with Richardson became a daily battle of wills. But she could be stubborn, too. "God told me to keep pushing," she says. "Some days I would have to shut the door and say, 'Jalen, this needs to happen. It's going to happen...'"

Richardson came to see it as tough love, a firm push forward. "She would come in and give me that look," he laughs. "She would not let me give up on myself."

In time, he was calling her "Mama Hodge."

CANINE CONNECTION For weeks, Richardson seemed at a plateau—not getting worse, but not improving. Until one day, a dog waddled into his room. Peaches was a low-slung Basset hound with droopy ears and a two-toned face, among the first certified therapy dogs to visit patients in the burn center through a program that promotes the therapeutic benefits of animals.



Richardson (top) took selfies charting his skin-grafting progress and recovery. Shadow, his current service dog, (above) is his constant companion, running with him and going to select National Guard deployments.

▲▲ PHOTOS COURTESY OF JALEN RICHARDSON

“She was a mood booster, always genuinely excited to see me,” he says. “You can’t fake that. A dog doesn’t fake emotions.”

Soon, Peaches was joined by others: Honey Duke, a yellow mixed-breed retriever, and Mocha, a chocolate lab. It was the first time Richardson’s nurses had seen him smile in months. He began to request them, welcoming the distraction.

His care team noticed: If visiting dogs could do that, how would he progress with his own service dog? That’s when they consulted Kimberly Brenowitz, founder of Animals Deserve Better/Paws for Life, a Marietta-based nonprofit that rescues and

trains service, assistance, and therapy dogs.

On her first visit, Brenowitz arrived with a therapy dog to discover that Richardson hadn’t walked in seven months. “The only place the dog could actually greet him was the big toe of his right foot—everything else was covered in gauze,” she says. “At the time, they didn’t know if he would walk again.”

With his permission, she began searching for a big, sturdy dog that could pull for him, maybe help pick things up. One day, she showed him a photo of a young Native American Indian Dog, a breed noted for strength and intelligence. “It was love at first sight,” she says.

With support from the Semper Fi Fund, a nonprofit that aids American service members and their families, Brenowitz began training Hakon. (His littermate, Finn, is a therapy dog with Emory’s Counseling and Psychological Services program.)

Initially, Hodge was cautious. Dogs bring responsibility, and with all Richardson had been through, she didn’t want to set him up for failure. Still, it was worth a try. “Sometimes, you just want to feel normal,” Hodge says. “A dog offers unconditional acceptance.”

A LONG ROAD BACK In time, Richardson and Hakon became inseparable, partners in recovery. While healing, skin grafts can contract, restricting

movement. At first, Richardson couldn’t even straighten his torso to sit in a wheelchair, so that became a goal. Next, he began extending his legs in physical therapy, reaching to touch Hakon’s soft, shaggy coat with his toes—small, slow movements that left him sore and exhausted.

Sometimes, the dog would sniff the bandages where Richardson’s forearm had been. “When I was in pain, it was like he could sense it and would be closer to me,” he says.

His therapists tied a leash to the left side of

Richardson’s chair, allowing 108-pound Hakon to pull him down the hallway while Richardson pushed a wheel with his right hand—the most movement he’d known in months.

As a kid, Richardson loved to run, sometimes racing his mother’s car to the grocery store. Now, just walking was a distant goal. “Walking was tough,” Richardson says. “It brought a lot of pain—something you once did so naturally, now you have to re-strengthen your body and learn all over again.”

A missing forearm ruled out crutches and walkers. Instead, Richardson would bend over the back of a rolling chair, leaning on his right arm and anchoring the stub of his left elbow, slowly sliding forward, one step at a time. Each success left him wanting more. “There was no way I felt I could do this dog justice sitting in a chair,” he says. “All the dogs I’ve ever had wanted to run and play. I knew that if I learned how to walk again, I was going to run again.”

Once, he had refused physical therapy; now, he was begging for bigger challenges.

After 14 months in the Grady Burn Center, Richardson was released to a rehabilitation facility in Newnan, Georgia.

As he left the hospital, blaring across the intercom that normally paged doctors was “Eye of the Tiger,” the theme song from Rocky III. At the rehab center, a physical therapist asked about his goals. “I told her I wanted to walk out of there,” he says. “She said in the amount of time we had it would be a stretch, but every day I gave it my all, and we got close.”

Once home, Richardson ordered his own rolling chair. Soon, he was walking. “Every step I took, Hakon was there to take a step next to me,” he says.

THE FINAL TEST Richardson yearned to return to his unit—Charlie Company 151, part of the 78th Aviation Troop Command, the aviation arm of the Georgia National Guard, which had supported him throughout his long recovery.

During company drills inside an aircraft hangar at Dobbins Air Reserve Base “they would literally be pushing me in a wheelchair,” he says. But a return to full duty meant Richardson would have to pass a standard physical fitness test.

Balancing on his prosthetic arm, Richardson could do pushups, and sit-ups were no problem.

SOLDIER OF THE YEAR

Richardson is a flight operations specialist with the Georgia National Guard and in September was named the 78th Aviation Troop Command’s “Soldier of the Year.”

But the test included a timed two-mile run—eight long laps around a track. Once, it would have been easy. Now, simply finishing would be a victory.

In April 2018, Richardson decided to give it a shot, his first full-out attempt at running in two years. As he raced against the clock, each stride tugged at his grafts, bringing sharp pains. “My legs didn’t work like they were supposed to, my skin was all contracted,” he says. “I was doing a bunch of waddling, a bunch of crying. But I got it done.” His unit was stunned: Richardson completed the two-mile run in 17 minutes and 30 seconds, about a minute over the maximum time allowed. Weeks later, he would be back, clearing the required time with room to spare.

As his workouts progressed, Brenowitz, the dog trainer, could see big, mellow Hakon struggling. Could the dog be holding him back? “As much as you love Hakon, he might not be right for you,” she told him. “He’s not built to go where you need to go. You need a dog who can give you a run for your money.”

Enter Shadow, a headstrong, high-energy Alaskan malamute. “He was the cockiest, most independent, pain-in-the-butt puppy I’ve ever met, and I thought, ‘Jalen, you’ve met your match,’” she laughs. “He became the shadow that followed him everywhere.”

Soon, Richardson was sprinting around

Stone Mountain, Shadow by his side. Since, he’s been on three National Guard deployments. Last summer, Shadow went with him, wearing a red vest affixed with “Battle Ready” and “Working Dog, Do Not Pet” patches. Richardson continues to train hard with friends, who challenge each other. That two-mile run? He now holds the fastest time in his unit.

SKIN THAT TELLS A STORY Burn care is more than replacing skin; it’s also about healing something even deeper.

Sometimes patients get well and you don’t know how, says Hodge. Sometimes, you learn the most from your setbacks. Sometimes, the struggle is your greatest teacher, revealing a new way forward. And some patients, she says, you never forget. For the Ballerina of Burns, that’s what keeps her fingers dancing.

After a year-long stay in the burn center, Jalen came to see his care team as extended family. But lately, his visits have grown less frequent for the best possible reason—an active life gets in the way.

At 24, Richardson now owns his first house, with a room dedicated to his reptile collection: three boas, a tortoise, and a five-foot-long Nile monitor lizard, at last count. Regrowing his own skin and the pebbled texture of his grafts makes him “a human version of a reptile,” he jokes.



PHOTOS BY STEVE NOWLAND



Visits from therapy dogs like Peaches (above right) were mood boosters. “She was always genuinely excited to see me,” Richardson says.