





The Boy Who Stayed Sick

By his fifth birthday, Christopher had gone to the doctor more than 300 times and had 13 major surgeries. His dad had a theory: the mother was making it all up.

By Peter Simek

ILLUSTRATION BY TAYLOR CALLERY PHOTOGRAPHY BY JONATHAN ZIZZO

UNDETERRED:

For eight years, Ryan Crawford could not convince Dallas family court judges and Child Protective Services that his son Christopher wasn't sick.

When faced with a mother weeping over her disabled son and a father claiming that the same child is healthy so he shouldn't pay as much child support, the judge will believe the mother.



When Ryan Crawford

was 6 years old, his parents moved him and his older brother from their neighborhood in north Fort Worth to North Richland Hills, where they hoped to build a normal, middle-class American life. Ryan thrived. Despite his small build, he played football and basketball. He got good grades, performed in band, and sang in the church choir. On Sundays, his mother dragged the boys to church. Ryan's dad had a good-paying job as a union organizer, which allowed the Crawfords to travel around the country a little. It was a childhood that Ryan describes as "joyful."

But there was sadness beneath the surface. The move to the suburbs was difficult, particularly for Ryan's older brother, who encountered racism at school and withdrew into himself. Ryan felt at times like an only child. Money eventually got tight, and his parents ran a small office cleaning company on the side to earn extra cash. Sometimes, after football practice, Ryan would arrive home to find that his father had disappeared and his mother needed him to help her clean office buildings late into the night.

Ryan escaped through computers. His mother bought the family's first computer in 1988, and Ryan taught himself how to navigate early operating systems. After high school, he figured he would study computer science. He started at Tarrant County Community College, then drifted to DeVry, but classes were expensive and tech jobs were easy to find. He quit school and started working at a phone company, in IT, and he started his own computer repair company.

In 2005, a cousin's wedding made him reassess where he was headed. The weather was gorgeous. Everyone was dressed in their finest. The cousin and his new wife looked so happy. Ryan was struck with the feeling that life was passing him by. He'd brought his best friend as a date, and relatives kept telling Ryan she looked "like a good one." Maybe they had a future together.

After the wedding, they tried to date. She got pregnant, but about two years after their son was born, they drifted apart. By the time he was 27, Ryan was working an IT job and trying to learn how to be a father to a son he didn't live with.

He blew off steam by hitting the clubs. On a Thursday night in 2007, he met a woman named Kaylene Bowen-Wright at Club Che, a now-shuttered nightclub on Northwest Highway. Kaylene was cute, with big brown eyes, high cheekbones, and a nice figure. Kaylene also had a child. She had walked away from a track scholarship at the University of Kansas to raise her daughter with her mom. Ryan and Kaylene bonded over their experiences



as single parents. They chatted, shared a few dances, and swapped phone numbers. After that, they talked on the phone, but they were never really in a relationship.

Then, without having had any contact for about six months, Kaylene called out of the blue on Ryan's 28th birthday and offered to take him out. Ryan already had plans. She said she could meet him at his place afterward.

"I knew what she wanted," he says. "At that time, I'm stupid. I'm like, 'OK, sure.'"

They slept together that night for the first and only time. When Ryan asked if she was on birth control, Kaylene told him yes and not to worry. But something did worry

him. Four months later, her name popped up on his caller ID. He knew what that meant.

IN KAYLENE'S SECOND TRIMESTER, SHE STARTED CALLING Ryan in the middle of the night. There were complications, fevers lasting for days, multiple hospitalizations. "Ryan, I just called because I'm in the hospital," Kaylene said. "I've been here for the last two weeks. I have a temperature of 110 degrees."

Ryan began to wonder. Was she really in the hospital? He didn't hear any beeping medical equipment in the background. Was she even really pregnant? He felt paranoid, but something didn't seem right.

Christopher was born prematurely in April 2009 and spent 18 days in a neonatal intensive care unit. Kaylene told Ryan their son couldn't keep any of the hospital formula down, so the young father bought a dozen different kinds of formula to see which might work. He bought his son clothing and gave Kaylene cash. He knew he and Kaylene weren't going to raise the child together; he didn't even know at the time if the baby was his. But if Christopher was his, he wanted to be there for his son.

"If that's my blood, I want to make sure that I am there," he says. A paternity test later confirmed that Christopher was his son.

After release from the hospital, Christopher's condition deteriorated. He had diarrhea and acid reflux. He developed abdominal distension, the large stomach characteristic of malnourished children. Doctors gave him a G-tube, a feeding tube inserted directly into the middle of the small intestine. They also placed a port in one of Christopher's veins, so that Kaylene could give him IV fluid at home. But Christopher didn't get better. During the first three months of her son's life, Kaylene was in and out of the hospital with her baby more than 10 times. "I am working with the doctors now to find out what is going on," she wrote to Ryan in an email. "I do not know why any of this is happening."

Though doctors couldn't figure out what was wrong with Christopher, Kaylene seemed to have her own diagnosis. Once, Carol Williams, Ryan's aunt, visited the hospital to see Christopher. Kaylene appeared in the waiting room with an X-ray. She pointed to a blotch and announced, "I guess this is the cancer, right here."

"But you read right at the bottom, 'No findings,'" Williams remembers. "It was like she was not connecting with reality."

A few months after Christopher's birth, Ryan filed to establish paternity and get his child support monitored by the court. When Kaylene received the notice, she was livid. "Why would you put other people in our life?" Ryan remembers her saying. "The court system is never good. You shouldn't put the court system in between us."

But the courts served Kaylene well. During the first child support hearing, Ryan says, she broke down in tears and told the judge that Christopher had muscular dystrophy, wore leg braces, and may never walk again. Ryan was flabbergasted.

"This is the first time I've heard this," he says. "Are you talking about the child that we have?"

The judge brought the parents into his chambers, where he tried to console them. He had lived his entire life using a wheelchair, the judge told them, and despite that disability, he managed to live a normal life. "Your son's still going to be able to go to prom," the judge told Ryan.

"What are you even talking about?" Ryan thought. "I have no idea what you are talking about."

Back in the courtroom, the judge made a special exception to the child support order. Owing to Christopher's condition, Ryan would have to pay more in child support than the salary-based standard set by the state, and the cash and in-kind support he had already provided Christopher would be considered a gift. Ryan would owe back child support as well.

"She literally played off that judge's disability from the get-go," Ryan says. "I was livid."

It would take Ryan years to learn the lessons of that day—that when faced with a mother weeping over her disabled son and a father claiming that the same child is healthy so he shouldn't pay as much child support, the judge will believe the mother. This scene would be repeated in front of three judges over the course of six years. Each time, Ryan came across as a negligent, absentee father attempting to shirk his responsibilities.



Lori Hockett, a now-retired judge who ruled on the case, says the case stood out to her among hundreds because it was so sad. "He was a young father, and his family was with him, and they seemed real upset about him paying back child support," Hockett says. "At the time, it seemed so tragic. The child about to die. We thought this child was within weeks of dying. You could hear a pin drop in the courtroom."

Hockett says she set up a time for Ryan to come to the court and review the medical records Kaylene had provided, but he didn't show. To the judge, that looked like indifference. For Ryan, the entire legal system felt like a circus.

"Every time we go to court, the question is when is he going to die?" Ryan says. "I'm in court with evidence from speaking with doctors. My son was just seen running and playing and riding his bike. Ask her what his favorite food is. His favorite food is hot wings. How is his favorite food hot wings if he has a feeding tube? I thought the evidence was right there."

He hired a lawyer, but after Ryan lost his temper with a judge, his lawyer recused himself. Kaylene told the judge that Christopher had too many medical supplies and machines to travel. Ryan obtained certification showing that he could operate all the medical equipment, but the court removed his visitation rights, saying Christopher was too sick to leave his mother.

Kaylene's family is already offering an alternative explanation for Christopher's sudden and remarkable recovery. "Kaylene's prayers and dreams for a healthy life for her son now seem to have been answered."



cheek to Christopher's. Her black hair is pulled back tightly. Christopher appears oblivious to the plastic tube running from his nose and taped to his cheek. A photo of a day at Joe Pool Lake shows Christopher wearing an oxygen mask with tank in tow; another from a family trip shows Christopher beaming at the camera while seated in a wheelchair.

Kaylene took Christopher from doctor to doctor, seeking treatment. He wore leg braces; took nearly a dozen medications; and was treated at home with oxygen breathing tanks, a pulse oxygen monitor, a feeding pump, and a suction unit. Christopher had a four-hour daily therapy regimen. Kaylene told friends and family that Christopher was diagnosed with GERD, an acid reflux condition; chronic lung disease; muscular dystrophy; a genetic condition affecting his veins; and, finally, cancer. Kaylene conceived a third child. Ryan says she told him she needed blood from the baby's umbilical cord to help with Christopher's treatments. (She told Ryan the father was a friend who agreed to impregnate her but later told members of Ryan's family that she had in vitro fertilization.)

Between 2009 and 2015, Christopher was seen 157 times at Children's Medical Center, 10 times at Our Children's House at Baylor, 84 times at Dallas Specialty Pediatrics, 12 times at the Pediatric Surgical Association, 19 times at Medical City Dallas, and 41 times at Texas Children's Hospital in Houston. Between 2010 and 2014, he had 13 major surgeries.

Kaylene had to quit her job to juggle it all. To make ends meet, she relied on Social Security Disability Insurance; food stamps; Medicaid; child support from her children's fathers; and, later on, the help of a live-in boyfriend, whom she began dating around 2013. Family and friends raised money for his treatments through GoFundMe. The Make-A-Wish Foundation sent the family to Disney World. At Christopher's school, White Rock Elementary, when they were told Christopher had only months to live, his classmates and teachers held a fundraiser.

To Ryan, this all amounted to a perverse fantasy, a mother who was inventing illnesses her child didn't have. But to those

By the time Ryan was summoned back to court in 2014 to answer for two months of unpaid child support, Christopher was 5, and it had been years since father and son had seen each other. Ryan hired a new lawyer, Shannon Pritchard, to make a case for increased visitation, but the judge was still convinced Christopher was on his death bed. The request was denied. Pritchard told Ryan it would require a lengthy and expensive legal challenge to reverse the order. It was a battle Ryan couldn't afford to wage.

PHOTOGRAPHS OF CHRISTOPHER posted to Facebook show a childhood marked by illness but surrounded by family. In one photo, Kaylene smiles and presses her

who knew her, Kaylene was a hero, a mom fighting to keep her son alive. "Kaylene was a fierce competitor in track, setting and still holding Texas state records in the 400-meter dash and earning a full-ride scholarship to University of Kansas to run track," Kaylene's mom wrote on Facebook. "But nothing has come close to the fight she has endured on behalf of her son."

After losing in the courts, Ryan didn't know where else to turn. In 2015, a complaint to Child Protective Services about Kaylene's care for Christopher triggered an investigation. A doctor told investigators that after multiple exams and evaluations, she couldn't find anything wrong with Christopher. CPS ruled out medical neglect after finding that 6-year-old Christopher didn't report any abuse, his health seemed to be improving, and his mother was "following up on her son's medical needs."

After the CPS investigation went nowhere, Ryan felt lost. At a certain point, he admits, he gave up. All he knew about his son came from emails Kaylene would occasionally write. "I wanted to let you know that Christopher's condition is declining," she wrote. "He now has blood sugar problems, kidney problems, and heart murmurs. The doctors have not found anything yet and they have not given me any answers."

When Ryan asked if he could see his supposedly dying son, Kaylene told him she didn't want him to see Christopher. Ryan was sure Christopher wasn't really dying, but it didn't seem to matter. He figured he would likely never see his son again.

Then, in December 2015, something happened that would change Ryan's life. He stumbled upon an article in Fort Worth's *Star-Telegram* about a series of strange criminal cases. They all involved mothers abusing their children by subjecting them to excessive medical treatment. The similarities to Christopher's story were eerie. The babies had been born prematurely. They had stomach issues or trouble gaining weight. Feeding tubes were implanted. Doctors attempted to diagnose mysterious symptoms, and the mothers presented the procedures as evidence of chronic conditions. "It is like they've read the same book," he says. "It's weird. It's really weird. It was literally like reading my son's story."

The *Star-Telegram* story gave Ryan's suspicion a name: Munchausen syndrome by proxy, though it is also called factitious disease, malingering disorder, or, simply, medical abuse. In the comments, Ryan typed a plea for help. "This is the same thing I'm going through, and I don't know what to do."

The next morning, he received a message via Facebook from an investigator with the Tarrant County Sheriff's Department named Michael Weber. "If you are serious about this and this really happened," Weber wrote, "call me."

WEBER'S MESSAGE WAS THE FIRST TIME IN SIX YEARS that someone outside of Ryan's immediate family believed his story about Kaylene and Christopher. Weber is one of the country's leading experts in investigating claims of medical abuse. He began his career 35 years ago as a beat cop with the Arlington Police Department and looks like a TV cop: short, spiky gray hair; narrow, intense eyes; face furrowed from the wear and tear of the job. He's blunt, honest, and self-effacing. He figures his boss tossed him his first medical abuse case because he was the new guy. "I probably did a terrible job," Weber says.

Even an experienced detective, however, would have had trouble with a medical abuse case. In 2009, there was still little known about the peculiar form of child abuse. Between 2009

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and 2015, Weber investigated 16 reports of medical abuse, which led to five felony child abuse convictions and one misdemeanor conviction for Medicaid fraud. What he found is that successful investigations of medical abuse require careful coordination between law enforcement, Child Protective Services, and the medical community, professions with very different—and sometimes conflicting—cultures and expectations.

The initial challenge is simply identifying a case. The caregiver often brings the child to so many medical providers, it can be difficult for doctors to piece together an accurate medical history. If there is a CPS complaint, it is often categorized as medical neglect; when the CPS investigator sees that the child is going to the doctor all the time, it is dismissed. CPS and law enforcement must carefully manage the investigation. Stepping in too early might alert the mother that she is under investigation, giving her time to destroy evidence, like social media history documenting falsified medical claims. Stepping in too late may place the child at risk.

There is another obstacle to investigating medical child abuse: the allegations can be so unimaginable. Why would a mother make her child sick or live life as if the child were suffering from a chronic illness? “People don’t see it as abuse,” Weber says. “Societally, we don’t want to believe that a mom would do this to her child. So we look for an excuse for Mom. We don’t focus on mental health in the case of child sexual abuse. But when you have a mental health excuse for Mom, that can lead to a tough path for justice for the child.”

Weber says “Mom” because in 95 percent of medical abuse cases the perpetrator is the mother. Marc Feldman is a clinical professor of psychiatry and adjunct professor of psychology at the University of Alabama and one of the country’s leading experts on medical abuse. He says it is one of a handful of common characteristics among perpetrators of medical child abuse. In about 14 percent the cases, Feldman says, patients are clinically depressed, and sometimes the perpetrator has a history of similar abuse. But the dominant psychological condition

among perpetrators, Feldman says, is a form of personality disorder.

“They have trouble with impulses, anger, black-and-white thinking, mood, and connecting with other people,” Feldman says. “That can lead to desperate behavior. They lack a clear sense of self. Being the mother of a very sick person gives them self-definition. They know who they are then, it binds their fragmented feelings of self, and it becomes their mission. Most of them like to depict themselves as heroes who are protecting and saving their children from what they view as an unsympathetic medical environment.”

Detective Weber told Ryan to file a report with the Dallas County District Attorney. He did. And yet, for another two years, nothing happened. Then, in November 2017, Kaylene took Christopher to the emergency room at Children’s Medical Center and told doctors he had suffered a seven-minute full-body seizure. The length and severity of the seizure were alarming, especially given Christopher’s medical history. But ECG evaluations didn’t show seizure activity. The doctors conferred with Texas Children’s in Houston, where Kaylene had also taken her son for treatment, and the hospital reiterated the Dallas doctors’ concern. Perhaps the problem was the mother.

CPS opened a second investigation. Dallas Children’s Medical Center and Texas Children’s Hospital in Houston set up a joint staff to look at the case. They found that Kaylene claimed Christopher had muscle issues he did not have and made him use a wheelchair he did not need. The team was also concerned that Kaylene had tried to get her son on a lung transplant list. They found a photo of Christopher with his hair shaved like a cancer patient and wearing a Make-A-Wish Foundation t-shirt on a GoFundMe page that stated he had only six months to live. A neurologist from Children’s Hospital told CPS investigators that he believed Kaylene may have given Christopher something—possibly poison—to induce the seizures.

The CPS investigation found that Ryan wasn’t the only one who had suspicions about Kaylene. One teacher at White Rock Elementary was told Christopher’s organs had “holes in them, like Swiss cheese,” but the teacher often observed the child running and playing at recess. When the school nurse reached out to Christopher’s doctors to get their orders for his treatment and found that they differed from the orders Kaylene had provided, she confronted the mom. “Mrs. Bowen was so upset that she reported [the nurse] to the school and withdrew Christopher,” the CPS report reads. “Mrs. Bowen did re-enroll Christopher back

in school ... a few days later.” Then, after the school held the fundraiser for Christopher, whom they all believed to be deathly ill, his mom withdrew him for a second time. “He was just gone,” the principal said.

On November 10, 2017, a CPS investigator went to interview Kaylene at her home. She showed the investigator how she administered oxygen to Christopher and handed over some medical records. Kaylene claimed Christopher had genetic testing that diagnosed his various disorders. What was wrong, she asked, in seeking the best care for her child, particularly a child who was forced to wear leg braces and breathe with an oxygen tank? As she spoke, the investigator watched Christopher come down a flight of stairs, leap from the fourth step, and bound off to play.

An arrest warrant charging “injury to a child/serious bodily harm” was issued on November 16, 2017. CPS investigators arrived at Kaylene’s house with police. The mother was sitting on the sofa with her son sharing a hamburger and fries. The police told her boy to go upstairs and pack his bags. They arrested Kaylene and placed Christopher in foster care until he was eventually released to his father.

NOT LONG AFTER RYAN WAS REUNITED with his son, he took Christopher to the movies. When the lights came up, Christopher sat slumped over in his seat, eyes closed, not moving. Ryan tried to wake him, but Christopher didn’t respond. He picked up the child and carried him out of the theater. When he placed him down in the hall, Christopher stood up, but his eyes remained closed. He wasn’t speaking. Ryan panicked and took him to the emergency room.

After examining the child while he was lying down, one of the doctors picked up Christopher’s hand, held it over his face, and dropped it. His hand froze in the air. Christopher wouldn’t smack his own face, and the doctors knew it was an act. Ryan told them about his history, and the doctors assured Christopher that everything was going to be OK. No one was upset at him. No one was angry with him. Twenty minutes later, he opened his eyes.

There were other incidents. One time Christopher said he thought he was getting the flu and needed an oxygen mask. Another night, Christopher came into Ryan’s room. “Dad, I’ve got something to tell you,” he said. “Mom told me not to eat if CPS takes us away.”

“She told you not to eat?” Ryan asked. “Wait a minute.”

Ryan picked up his phone, hit record, and asked his son to repeat what he’d said.

“Mom told us not to eat if they take us away, because if we start eating, then they’ll never return us,” Christopher said.

Christopher did eat, and gradually his health began to improve. He had the G-tube removed and gained weight. He moved in with his father, paternal grandparents, and half-brother in their home in North Richland Hills and began to adjust to normal life. Aunt Carol Williams noticed that Christopher had some odd eating habits at first, like putting mountains of salt on his food or dousing it with hot sauce. But those behaviors were gently addressed. Christopher no longer wears the thick eyeglasses his mother got for him; an ophthalmologist found that the boy’s vision is perfect. Outside of routine physicals, Christopher hasn’t been to the doctor.

Sometimes Christopher asks his father if his mother is going to jail. He tells his son he will always love his mother and she will always love him, but she did something that she shouldn’t have done. “What I preach to Christopher is that there’s repercussions for every lie that you tell,” Ryan says. “Once you tell one lie, you end up having to tell another. Then you get to a point where there’s no turning back.”

The arrest landed Kaylene and the fathers of her children back in Dallas County family court. Shannon Pritchard offered to represent Ryan pro bono, and Moderick Johnson, the father of Kaylene’s eldest child, had a court-appointed attorney. But Kaylene’s youngest child’s father was absent from most of the proceedings. The investigation had revealed that Kaylene’s third child had been fathered by a married man she’d been involved with for two years. He turned out to be a PE teacher at White Rock Elementary. When the affair came to light, the teacher’s wife filed for divorce. Now the court wanted to give him his son, but the father wanted Kaylene to keep the child.

The fact that one of the fathers of Kaylene’s children wasn’t protesting her custody right complicated the proceedings. Pritchard hoped to convince the state to strip Kaylene of her parental rights, but with a looming civil trial date and concerns over convincing a jury of Kaylene’s complicated crimes, the parties reached a settlement. Ryan won custody of Christopher, but Kaylene was granted two hours of supervised visitation every other week.

There is still a criminal case against Kaylene, scheduled to go to trial August 19.

Why would a mother make her child sick or live life as if the child were suffering from a chronic illness?



Ryan hopes a conviction will end Christopher’s biweekly visits with his mother, but convicting Kaylene in criminal court may prove difficult. Kaylene’s lawyer believes the state has no case because there is no evidence that Kaylene did anything to harm her child, such as inducing symptoms. Rather, he says, Kaylene was simply following the directions of doctors who were mistreating her son.

Weber, the detective, says prosecutors in Texas often rely on a state law that considers it a felony to provide misleading information that causes someone else to commit a crime, such as performing unnecessary surgeries that pose a substantial risk of death. But risk of death is a high bar to prove in a medical abuse case. This past legislative session, Ryan joined advocates in Austin who attempted to introduce a bill that would strengthen this provision by making it a third-degree felony if a mother pursues surgeries for her child that lead to a protracted loss of bodily function. The bill met resistance from anti-vaccinators who feared they would be criminalized for refusing to have their children vaccinated, and it died in committee.

For now, medical child abuse remains, as Weber puts it, “the easiest form of child abuse to commit and get away with in the state of Texas.”

Still, Ryan is hopeful. He believes prosecutors may have more success arguing a financial fraud charge brought against Kaylene for the money she collected from disability, Medicaid, and fundraisers. But he has seen how the courts have treated his case in the past, and there may be some members of the jury who simply can’t believe that a mother would do to her child what Kaylene is accused of doing to Christopher.

Kaylene’s family is already offering an alternative explanation for Christopher’s sudden and remarkable recovery. “Kaylene’s prayers and dreams for a healthy life for her son now seem to have been answered,” Kaylene’s mother wrote on Facebook. “Kaylene is grateful for her faith and that she has mothered three children who are all well-mannered, polite, smart, active, and thriving in school and in church.”

It is an argument Feldman has heard before. A strong religious background is another common trait among perpetrators of medical abuse. Not only do faith communities offer the affirmative feedback perpetrators crave, but they can also provide cover. Feldman says during one trial, a church congregation prayed so loudly out-

side the court that it interrupted the hearing. In another case, a judge said she heard God tell him the mother was innocent.

“Some of the mothers, if they suspect that others are getting suspicious, will stop the abuse for a while and claim that God has healed the child,” Feldman says. “And nobody has questions.”

THE VISITATIONS TAKE PLACE IN public settings, at a bowling alley or video arcade. Ryan hovers within earshot as he watches Christopher and Kaylene laugh and joke. Most of the time, Christopher’s younger brother is there, and afterward, Christopher, now 10, asks his dad why his brother can still stay at his mom’s house but he can’t. His father reminds him that his older sister is also no longer living with his mom, and it is all because he wants to make sure he is safe and healthy.

The court didn’t place any requirements on who could supervise the visitations or how much medical abuse training they should have. Sometimes those visitations are supervised by CPS caseworkers with little training. Sometimes they are supervised by Kaylene’s sister. Neither have heard the stories Weber has heard about the mothers who continued to try to abuse their victims even after they were separated from them. One mother gave her child a care package during a visit that was doused in cologne, an attempt to induce an allergic reaction. Another gave her child a picture taken when she was still forced to wear leg braces.

Weber says the lack of understanding of medical abuse is still widespread. As he trains more hospitals, investigators, and CPS departments on how to spot child medical abuse, the number of reported cases has risen. In Fort Worth, where Weber has worked closely with Cook Children’s Medical Center, there has been a string of recent cases. Weber doesn’t believe it is a coincidence. The more the general public becomes aware of medical abuse, the more it will realize how pervasive the problem is. “If you are a children’s hospital and you are not seeing at least one prosecutable case of this a year, you’re missing them,” Weber says.

Now that Christopher is safely in his father’s custody, Ryan wonders what the long-term psychological toll might be. As Ryan watches his child playing with his mother during their visits, he worries that he may miss something—something in the signs, cues, unspoken suggestions, and subtle triggers that might make his son sick again. But until Kaylene’s criminal trial, all Ryan can do is keep watch. **D**

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