



*The following article, which will appear over the next three issues of American Bear, is adapted from a chapter by the same name written by Lawrence D. Mass for the forthcoming **The Bear Book II** from Harrington Press. It is published here with permission.*

Bears & Health

One of the evenings at Bear Pride 98 in Chicago, there were about eight of us flopped about on the big, comfortable sofas in one of the secluded lounge areas of the Marriott Hotel that was our host. There is an impressive amount of hugging and caressing--physical communing--that goes on at these events. It's no coincidence that so many bears sign off literally (on-line and in letters), as we do in person--with HUGS. More than sex, I think, the camaraderie is really what it's all about, what most gay events are all about--and this grouping was typical in this regard. Heads were on shoulders and chests, arms were rubbing knees and massaging backs and necks; our entwining probably deconstructed what was happening better than anything that was being said. But on this occasion, the conversation that developed was also worth noting for its absence in bear discourse--at Bear gatherings, meetings and in bear magazines and literatures. The subject we found ourselves talking about, at my initiative, was bears and health.

By now we all know that there is

no specific definition of being a bear, and this fact will be important to return to in the later stages of this discussion, when we are talking about future directions. Meanwhile, I am a stereotypic bear in that I am a burly, bearded, hairy, middle-aged daddy-type and attracted to the same and to "cubs": Despite many exceptions, I continue to be drawn, more than anything else, to bigness in men (height and weight, to the extent of fat). As a physician, however, I've long been aware of the health hazards attendant to bigness--in myself and others. And I would propose that bear culture has reached a level of development at which the time is more than due to take a look at this aspect of ourselves.

So there we were on the couch. With my right hand, I was massaging the thick, meaty leg of an exceedingly handsome sex-educator from San Francisco. With the left, as he lay on my lap, I was caressing a regional Mr. Bear who has done some original design work for the greater bear community. The subject got onto defining bears, and the sex educator, so typically San Franciscan in the pride with which he carries himself, and who had one intelligent insight after another, gave his own, provisional definition: "For me," he said, "a bear is just a man who is comfortable with himself." Certainly that's who he is. But what about the question of bulk and hirsuteness that are such commonalities, if not absolutes, of bear preference, I found myself asking. Everyone more or less agreed, including the sex educator and the bald, virile, suthun-accented riverboat operator from Nashville, whom I'll call Tennessee, who was lying in the lap of his close friend, who happened to be a thin and hairless bear lover. The conversation

then reverted to its characteristic fragmentation with people variously introducing themselves, interrupting each other, talking about this and that in bits and pieces.

When I explained that I was a physician, Tennessee's antennae immediately perked and he wanted to tell us about his recent health crisis. He had been hospitalized with a life-threatening condition called (deep vein) thrombophlebitis. Folks like him who are on their feet all day probably have a greater tendency to develop this affliction, as do those who are overweight, I explained. In fact, I continued, I think the whole subject of bears and health is worth looking at. Thrombophlebitis is a condition I'd never thought of before as perhaps being more common among bears, but there are others that are/can be comparably serious--major, life-threatening--and that are unquestionably more common among us: hypertension (high blood pressure, HBP, HTN), diabetes mellitus (DM), arteriosclerotic cardiovascular disease (ASCVD) with stroke and MI (myocardial infarction, otherwise known as heart attack), arthritis, duodenal ulcer, hiatus hernia (HH), gastroesophageal reflux disease (GERD), gall stones, cholecystitis, some cancers (e.g., colorectal and prostate, as well as, in women, cancers of the breast and endometrium) and sleep apnea. When I mentioned this latter, which I myself suffer from along with hypertension and arthritis, a fellow from the adjacent lounge area came over to join us, saying he'd overheard our conversation and wanted to second our observations. After years of exhaustion, falling asleep on the job, at the wheel and other inappropriate and dangerous

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