“Find Your Fit”: Wearable technology and the cultural politics of disability

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Abstract
By examining advertisements, technological design, workplace wellness programs, and legal discourses involving Fitbit activity trackers, this article examines how cultural ideas about disability infuse the representation, use, study, and implementation of wearable technology. Although Fitbit features wheelchair users prominently in advertising, Fitbit only measures movements in steps, and its use in workplace wellness programs has been accompanied by legal concerns about wellness programs’ potential weakening of workplace protections afforded to US workers by the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA). This article shows that inspirational and tragic representations of disability work to depoliticize wearable technology and argues that disability needs to be a more central category of analysis for cultural studies and sociological studies of the cultural impacts of fitness tracking and wellness culture.

Keywords
Disability, Fitbit, fitness, health, mobility, neoliberalism, self-tracking, surveillance, wearable technology, wellness

A Fitbit advertising campaign invites users to “Find Your Fit” within a video montage of diverse bodies in motion (YouTube, 2014). Many are engaging in movement that traditionally would not qualify as “exercise.” As a Black father lifts his son (“daddyfit”), “Pappyfit” overlays footage of an elderly White man lifting weights. An older White man runs while pushing a younger disabled White man in a wheelchair (“Lovefit”).

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White man and woman kiss while hiking in the woods ("datefit"). Featuring black and brown, old and young, disabled and nondisabled bodies, "[i]t’s all fit," the commercial proclaims at its conclusion. With imagery of multiculturalism, the commercial links the individuality of diverse Fitbit users to the uniqueness of the ways in which their bodies move through space, and in this way, individuality is linked to various forms of mobility as an apolitical good. As people move through urban spaces, forests, dirt trails, and home spaces, mobility appears as the playful freedom to traverse space, a freedom that is corporealized through the diverse bodies that deliver Fitbit’s inclusive message: “Fitness doesn’t follow a formula. It’s the sum of your life” and “No matter who you are or how you move, Fitbit helps you stay motivated, reach your goals and find your fit” (YouTube, 2014). Improvisational and barrier-free mobility is only limited by the willingness or unwillingness to move, and Fitbit simply bears witness to the amorphous movements that form the “sum of your life.”

Wearables are an increasingly profitable and evolving market. Tracking our bodies, movements, and emotions, wearable devices have been incorporated into homes, workplaces, and US health insurance plans. Forbes projects that the global wearable technology market will generate US$34b by 2020 (Lamkin, 2016). Promoting ever-more granular health management as a social good, wearables promise greater control over health, safety, and emotional well-being through intimate data gathering. The devices encourage constant but playful self-surveillance; the constant self-enhancement they encourage also offers an endless interface of self-diagnosis. Health technology markets—especially new mobile health (mHealth) technologies—can leverage this interface and net further profits from increased personalization, as users yield embodied archives that become lucrative consumer data to be sold back to users as empowering consumer-citizenship. Their reception thus far has been largely celebratory because the devices promise continual optimization of bodies, moods, and growth from the gym to the office. In this article, I argue that discourses of disability occupy a central and understudied role in wearable and wellness culture, and despite their move toward disability inclusion in advertising, I trace how Fitbit profits from and naturalizes a cultural system that Robert McRuer (2006) named “compulsory able-bodiedness:” the notion that able-bodiedness is the only natural and desirable form of embodiment or way of life. By “disability,” I mean the “materialization of exclusions resulting from the imperceptibility or devaluation of the concerns of people whose bodies deviate from norms of health and wellness” (Hamraie, 2012). No more or less biologically fixed than other identities, disability and able-bodiedness are also cultural, “a product of cultural rules about what bodies should be or do” (Garland-Thomson, 1997: 6).

The unnamed combined-ability running team in the aforementioned “Find Your Fit” (2014) commercial is none other than Dick and Rick Hoyt, a father–son team that has completed more than 70 marathons, 250 triathlons, and other events. Dick is able-bodied, and his son, Rick, is a wheelchair user. Both also appear in “Lovefit,” a Fitbit commercial that premiered on Father’s Day in 2015. While I will offer an extended reading of “Lovefit” in the analysis that follows, I begin by considering the disjuncture between the visibility of disability in the ad and the technological capabilities of the advertised product. Namely, given the prominence of wheelchair users within Fitbit’s marketing,
one might be surprised that Fitbit’s technology registers the movement of wheelchair users—and in fact, all movement—as “steps.”

Disabled users have queried Fitbit technical support on many occasions to ask how to convert wheelchair rotations into steps for accurate assessments of their exertion. Fitbit moderators reply to each inquiry with a disclaimer about the limits of Fitbit’s microelectromechanical system (MEMS) three-axis accelerometer technology:

While these trackers may be able to represent some level of activity from operating a wheelchair, the estimated distance traveled, calorie burn, and overall wellness benefit has not been designed to account for this type of use, and could lead to an inaccurate representation of a person’s activity levels. (community.fitbit.com, 2017)

They encourage disabled commenters to post their suggestions to another user board that is viewed by Fitbit engineers and developers. Of 1000 different activity trackers, only one, Apple Watch, can track the specific movements of wheelchair use and convert it into calories burned (Brownlee, 2017).

Why does it matter that Fitbit only measures movement in steps but features wheelchair users prominently in its advertisements? More broadly, how can disability studies perspectives produce more complex understandings of the relationship among bodies, mobility, work, technology, and governmentality? To begin to unpack these questions, it is imperative to reject the idea that step-counting is nothing more than an apolitical technological feature. Although Fitbit’s marketing and design depersonalize movement by imagining steps as a universal metric, I argue that wearables, as well as the broader wellness culture of which they are part, are genealogically suffused with disability, especially within “a biomedicalized culture [that] teaches us to measure ourselves in the context of others” (Neff and Nafus, 2016: 38).

Critiques of technological determinism have been central to the development of the field of media studies, but when feminist science studies, science and technology studies (STS) and disability studies’ scholarship critiques technological determinism in relation to health- or cure-oriented technologies, all of these fields are often wrongly accused of being “anti-science.” While the aforementioned fields critique medicalization, STS scholars often frame disability as biological—as a medical pathology to be “fixed” through technology—rather than as an intersectional, socially constructed identity like class or gender. Some feminist science studies and STS scholarship employ disability metaphors like “prosthetic” or “cyborg” while remaining inattentive to how the politics of disability and able-bodiedness shape technology and society at every level (Haraway, 1991; Hayles, 1999 [2010]; Jain, 1999; Kafer, 2013). As a result, STS scholars often neglect disability analysis unless their technological research object is adaptive or medical in nature, a subtle affirmation of the pathologizing medical model of disability (Mauldin, 2014). Meanwhile, although disability studies scholars question the very notion that disabled bodies need fixing, the field is only just beginning to engage substantively with technology and design (Alper, 2017; Ellcessor, 2016; Hamraie, 2017; Pullin, 2011).

Meanwhile, cultural studies’ analyses of wearable technology remain inchoate (Gouge and Jones, 2016; Lupton, 2016; Neff and Nafus, 2016). Emergent sociological
and media studies accounts of wearables have revolved around the following problematic: how concerns about data privacy and wearables’ commodification of neoliberal governmentality (i.e. “personal responsibility”) coexist uneasily with new phenomenological accounts of participatory culture, gameification, self-knowledge, and data-driven intimacies (Gilmore, 2016; Lupton, 2016; Neff and Nafus, 2016; Whitson, 2013). Unfortunately, this literature names disability among other differences without engaging substantively with it (Alper, 2017; Ellcessor, 2016; Ellcessor and Kirkpatrick, 2017; Ellis and Kent, 2017; Goggin, 2016). Meanwhile, health sciences scholarship generally evaluates wearables’ efficacy in compelling healthy behavior, although multiple studies have shown that wearable use has no measurable impact on health outcomes and, on average, wellness programs lose money (Begley, 2017; Goode et al., 2016; Jakicic et al., 2016). Such studies leave unquestioned how historical or moral values shape concepts like health and wellness, or how able-bodied bias affects how exercise and movement are quantified and interpreted (Evenson et al., 2015; Lunney et al., 2016; Naslund et al., 2016; Nelson et al., 2016).

Methodologically, this article uses critical discourse analysis (CDA) to investigate how “power manifests in the usage patterns of words and images and [how] individuals participate in these construction processes in their use of language” (Cramer, 2009: 220). Thus, this study traces how discourses of disability impact the advertising, technological design, and implementation of wearable technology and, more broadly, how norms of compulsory able-bodiedness structure the concept of “wellness” as a social good in unacknowledged ways. Specifically, this article considers the ways in which representations of disability work to depoliticize neoliberal narratives of personal responsibility that infuse wellness culture by closely examining the cultural role of activity tracking (Elman, 2014; Kafer, 2013).

Organizationally, this article illuminates the operations of compulsory able-bodiedness by telescoping outward from advertising, to implementation, to the broad cultural politics of “wellness.” First, I examine how the representational currency of disability, as an uncontroversial category of diversity, not only sits in stark contrast with the technological inaccessibility of most activity trackers but also works to depoliticize wellness and wearable technology. Second, I analyze legal controversies surrounding Fitbit’s implementation within US workplace wellness programs, many of which have challenged the Americans with Disabilities Act’s (ADA) protections of workers’ personal health and genetic information. As Fitbit’s now-Health Insurance Portability and Accountability Act (HIPAA)-compliant activity tracker business expands to include group health insurance and medical applications (and, as wearables are increasingly marshaled into service as therapeutic devices in occupational, physical, and speech therapy), an analysis of the challenges consumer wearables pose to the protection of health data continues to be a deeply disability political issue. Finally, I analyze a Swedish anti-obesity advertisement featuring Stephen Hawking to show how disability structures and depoliticizes a broader global discourse of wellness. In my conclusion, I argue that the history and political economy of disability and of compulsory able-bodiedness should be more central to media studies scholarship about wellness culture and wearable technologies.
Stepping out/out of step

In a short essay titled “Stepping Out: Living the Fitbit Life,” American humorist David Sedaris (2014) ruminates on how Fitbit changes his daily routines and produces new encounters—conversations with strangers, the experience of seeing a cow in labor, and a new habit of picking up garbage on long walks. Sedaris invokes the urban flâneur but one seemingly remade for a new technological era in which steps, as quantified digitized collectibles, might be valued over the quality of time spent walking. Step-counting becomes, for Sedaris, a kind of competitive obsession. Striving for higher and higher step counts, he compares his previous walks with those of a newly disabled person: “… [F]ifteen thousand steps—Ha! … Not bad if you’re on a business trip or you’re just getting used to a new prosthetic leg” (Sedaris, 2014). By the essay’s close, he jokes darkly that Fitbit might induce disability: “… there will be no end to [counting steps] until my feet snap off at the ankles. Then it’ll just be jagged bones stabbing into the soft ground” (Sedaris, 2014). Imagining that his nondisabled step capabilities would (naturally) outdo a disabled person’s, Sedaris invokes disability to shame himself to accumulate more steps.

James N. Gilmore’s (2016) scholarly analysis of wearable technology also retains the figure of the flâneur but rejects reductive readings of quantitative data, arguing that step counts “organiz[e] qualitative record of the experience of walking … not in terms of the aching of one’s legs or the amount of sweat issuing from one’s pores, but in the numbers collected by pedometers, accelerometers, gyroscopes, and geolocative devices” (p. 2534). In this sense, Gilmore argues that “everywear’s” step-counting function produces new entanglements of qualitative and quantitative data about bodies (and scholarship about them) that neither presume their discreteness nor fetishize the authenticity of “lively” qualitative experiences in comparison to “dead” quantitative data. Gilmore notes importantly that wearables do not diminish but rather recompile the meaning of footsteps. However, just as Sedaris’ satirical essay is organized around the quotidian act of “stepping out,” Gilmore unites his ambitious genre study of diverse wearables around step-counting without considering whose bodies and movements are already illegible within such a framework.

Juxtaposing Sedaris’ account with the Fitbit commercial “Lovefit” illustrates two dominant ways in which disability is represented in mainstream media—as tragic (i.e. the presumed-lower stepcount of a new amputee) or inspirational (i.e. a father–son team defies the nondisabled standards of “stepping out” to achieve athletic greatness). Both representations of Fitbit rhetorically deploy disability, and as I will show below, although Fitbit’s deployment of disability is arguably more progressive than Sedaris’, disability serves to depoliticize wearables and the neoliberal politics of personal responsibility and compulsory able-bodiedness from which they profit—all while Fitbit remains inaccessible to the very bodies that advertise it.

“Lovefit” immediately invokes rural Americana: a rustic mailbox, bearing the silhouette of an able-bodied man running behind a wheelchair user, stands in the foreground (YouTube, 2015). A faded American flag billows in a crisp blue sky amid chirping birds. As Dick fills the tires of Rick’s racing chair, Rick speaks in voiceover, using a speech-synthesizer: “I feel very honored to have the father I have.” Shown in slow motion, Dick
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lifts his adult son from his power chair and holds him in his arms. The camera then cuts to a wide-angle shot of a bronze statue of the racing duo. Accompanying a close-up of Dick’s bronze face, Dick speaks in voiceover: “Rick and I are out there running because of what Rick said the very first time we had a race: that his disability disappears. And that really meant a lot to me.” A slow-motion close-up of Dick’s calves and feet, as he runs on a dirt road while pushing Rick’s racing chair, overlays the end of his sentence. The camera shows Rick’s fingers as they manipulate his wheelchair as Dick continues in voiceover, “I am the motor. I am [Rick’s] arms and his legs.” The camera then cuts to Rick’s profile as he soars through the woods. Next, we see old racing photographs, including one of Rick as a young child holding a medal. Rick echoes his father’s words in voiceover: “Like I have said before, my Dad is my hands and feet. He is the wind beneath my wings.” The final footage shows Dick running behind Rick’s wheelchair; Dick says in voiceover, “Our message is ‘Yes you can,’ and there’s no such word as ‘no’ in the Hoyt vocabulary.” The word “lovefit” appears over their image.

On the one side, Fitbit’s centralizing of disabled and elderly bodies in motion contrasts sharply with dominant representations of exercise that emphasize “the hegemonic ideal of the athletic body” as nondisabled and young; the ad affirms sport’s place as a “site of empowerment and resistance for disabled people” (Promis et al., 2001: 39). Although disabled people are underrepresented in athletics, they are often spectacularly visible within “inspiration porn,” which configures disability as an undesirable obstacle to be overcome for the catharsis or inspiration of (presumed) nondisabled onlookers. Individual “overcoming narratives” problematically elide imposed structural and attitudinal barriers that continue to circumscribe disabled people’s access to employment, education, public space, and social life. However, to critique inspiration porn is not to diminish disabled achievement. Rather, it is crucial to distinguish disabled people’s actual achievements from the ableist narrative apparatus that “rel[ies] upon the perception that disability and achievement contradict each other and that any disabled person who overcomes this contradiction is heroic” (Clare, 1999: 8).

Although this commercial spotlights disability, Rick’s disabled body operates as a kind of lens that only serves to magnify Dick’s athletic and parental achievements as stemming from an exceptional and inspirational kind of devotion. This celebration of able-bodied sports participation and Fitbit’s overcoming narrative are also patriotically linked to the can-do “American spirit” via the flag. Fitbit’s commercial bears similarities to a previous “Pass It On” billboard campaign that featured Team Hoyt, a campaign that was produced by Foundation for a Better Life (FBL), an organization owned by the conservative Anschutz family. FBL’s billboards prominently feature disabled people juxtaposed with inspirational slogans. “Devotion: Pass It On” appeared atop a photo of the Hoyts. Disability studies scholar Alison Kafer argues that although the FBL campaign seems to advocate disability inclusion, the billboards’ invocation of overcoming disability not only erases the impacts of structural inequality (i.e. no amount of “devotion” substitutes for the hard-won and enforceable civil rights) but also depoliticizes other cultural values that are made manifest in the campaign: heteronormativity, gender traditionalism, and neoliberal ideals of “personal responsibility.” Likewise, the emotional appeal of disability renders Fitbit’s vision of compulsory able-bodiedness, to repurpose Alison Kafer’s (2013) words, “not as ideology but as common sense” (p. 87). Although
disabled people continue to fight for access and visibility, “Lovefit” celebrates the rehabilitative power of assimilation—to have disability “disappear” is represented as the most desirable outcome of fatherly love.

Rather than encouraging individuals to retrofit themselves into a society that was not designed for their unique body-minds (i.e. “Find Your Fit”), disability studies scholars ask how architecture or technology might be designed to “fit” diverse bodies. An oppositional (or “crip”) reading of this commercial becomes possible by first recognizing that although Fitbit is the technology advertised, Rick’s “Blade” wheelchair remains the only technology that is indispensable to their racing partnership. More to the point, Dick actually isn’t Rick’s arms and legs, as Rick accesses the world with a power chair. The visual elements of the commercial emphasize the men’s symbiosis rather than Rick’s dependency. As the men’s movement is visualized as the sensual pleasures of the wind and the verdant green forest through which they travel, “Lovefit” could be an extended advertisement for the naturalness of human interdependence. However, the commercial’s voiceover subverts this reading by configuring disability as immobilizing and by only registering movement in able-bodied terms of individual bodily control (i.e. Dick’s nondisabled hands and feet literally efface Rick’s own disabled hands and feet). This spectacular visual rhetoric of disability—idealized most when it disappears—also conveniently provides a subtle justification for its technological erasure: disability quite literally disappears in actual Fitbit technology when movement is only made legible as steps.

**Mobilizing wellness**

Rick’s wheelchair becomes an important conduit to analyzing Fitbit’s implementation—the ways in which Fitbit is “finding its fit” in many unexpected US cultural locations. This journey begins by noticing that the wheels of Rick’s Blade, which bear the famous signature “John Hancock,” are actually advertising a different product. In 2015, John Hancock, a life insurance company, partnered with Vitality, a company that administers wellness programs. Through its partnership with Vitality, John Hancock offers consumers a free Fitbit through which they can earn discounts on life insurance premiums by earning “Vitality Points” for flu shots, exercise, or annual health screenings. Vitality’s incorporation of Fitbit into its insurance program is part of the meteoric rise of US wellness programs as part of employer-sponsored health insurance plans and the use of wearables in “precision medicine” (Neff and Nafus, 2016: 134–165).

Wellness programs are structured by norms of compulsory able-bodiedness, and the gathering and management of wearable data pose particular risks for elderly and disabled workers. This section analyzes the ways in which disability case law has become central to debates about the legality of US corporate wellness plans, many of which include subsidies or requirements for tracking and biometric testing. That disability is not incorporated into the technological functions of Fitbit matters increasingly as step-counting becomes a gatekeeping metric through which access to professional, personal, and economic resources is controlled. While studies of wearables have focused overwhelmingly on legitimate privacy concerns posed by the devices or on their efficacy in producing (or, more often, not producing) better health outcomes, the legal ramifications of wearable
technologies, despite their status as non-medical devices, revolve centrally around US disability rights legislation.

Discussions of disability case law will remain relevant as Fitbit increasingly shifts its business toward wellness program administration and software. Given their increasing use within medical research, therapy, and diagnosis, Gilmore rightly positions commercial fitness wearables (“everywear”) in genealogical relation to the history of medicine, specifically to the history of diagnostic technologies such as the stethoscope. Currently, 83% of clinical trials and 95% of National Institutes of Health (NIH)-funded research involving consumer activity monitors used Fitbits (Molteni, 2017). Since 2012, scientists have published a whopping 457 studies, nearly half of which emerged in 2017, using data from Fitbit’s “Fitabase,” a research platform that collects aggregated data from Fitbit devices (Molteni, 2017). In early September 2017, Fitbit announced that it was pairing with Dexcom, a company that manufactures continual glucose monitoring (CGM) devices for people with diabetes, to bring Dexcom’s data to Fitbit’s new Ionic Smartwatch (Locklear, 2017).

In addition to its research applications, Fitbit’s corporation includes Fitbit Group Health, which offers software and services that support the integration of activity trackers into leading health programs. After becoming HIPAA-compliant in 2015, Fitbit secured a large account with Target, which offered Fitbits to its 335,000 US employees and showcased a new software offering, “Workplace Race,” that facilitates employee fitness competitions in large companies with widely distributed employee populations (Comstock, 2015). Target offers employees a free Fitbit Zip or subsidizes the purchase of a more expensive Fitbit device and uses Fitbit Group Health not just to support the devices but to utilize “backend software that allows corporate to compare the activity of different employee populations and run challenges and competitions that encourage employees to move more” (Comstock, 2015). The 2013 HIPAA Omnibus law extended the application of HIPAA liability from health care providers, plans, and self-insured employers to include all of the business associates with which covered entities work because they could deal with protected health information. As a consumer device, Fitbit trackers are not required to be HIPAA-compliant, but when Fitbit enters into business associate agreements with health plans or self-insured employers, its voluntary HIPAA-compliance enables Fitbit to work more seamlessly with HIPAA-covered entities. This turn toward corporate wellness partnerships is, in part, a reaction to the saturated fitness wearable market and competition from the Apple Watch; currently 60% lower than last year, Fitbit’s stock has continued to plummet as lower cost competitors chip away at its dominance (Molteni, 2017).

Despite inconclusive results on wellness programs’ overall effectiveness, insurers including UnitedHealth Group Inc., Humana Inc., Cigna Corp., and Highmark Inc. embraced programs to integrate wearable devices like Fitbit into their policies. Currently an US$8b industry, workplace wellness programs are ubiquitous, and many subsidize the purchase of Fitbits for employees. At the University of Missouri, I can earn up to a US$450 wellness incentive credit to defray the cost of my annual premium, and under the “Million Step Pedometer Program,” my employer will reimburse me for the purchase of a Fitbit when I reach a million steps. In the 2015 Benefits Enrollment Guide, the total costs of the different insurance plans were listed with the wellness incentive already subtracted, presuming employee compliance in advance.
US courts have considered, on multiple occasions, whether or not wellness incentive programs could violate the ADA and the Genetic Information Nondiscrimination Act (GINA) because people might have to disclose disabilities in order to arrange for alternative fitness tasks or engage in health screenings that could violate their privacy. The ADA’s Title I not only prohibits employers from discriminating against individuals on the basis of a disability but also generally restricts employers from acquiring medical information without consent from applicants and employees. In 2009, the U.S. Equal Employment Opportunity Commission (EEOC) argued that any wellness program must be voluntary and accessible to disabled workers and that any medical information that is gathered as part of the wellness program must remain confidential (EEOC, 2016). If a wellness program meets these criteria, then it is considered ADA-compliant. However, the EEOC did not take a position, at this point, on what level of financial incentive would make non-compliance so burdensome as to be de facto non-voluntary.

A 2014 Henry J. Kaiser Family Foundation poll found that 62% of those surveyed believed that employers should not require workers to pay higher health insurance premiums if they refuse to participate in workplace wellness programs, while 74% said that employees should not be charged higher premiums by their employers for failing to meet predetermined health goals (Weber, 2014). In 2014, the EEOC filed a lawsuit against Honeywell International Inc., which required employees to submit a health questionnaire (which included disability-related questions about “feeling depressed” or illness diagnoses) and undergo free biometric testing to participate in their wellness program (Begley, 2015). Although Honeywell would not receive any employee test results or data, employees who chose not to participate had to pay an extra surcharge for their high-deductible health plan, while workers who did participate received a Health Savings Account with an annual contribution of up to US$1500 from Honeywell. Smokers (including workers and their spouses) were subject to a US$1000 surcharge, and employees who refused biometric screening also had to pay the nicotine surcharge, regardless of their smoking status (Weiman, 2016). After finding that the EEOC’s case had not proven a threat of irreparable harm to employees in a voluntary program, the district court found that Honeywell’s wellness program was ADA-compliant, despite the financial hardship faced by non-participants. The case was later dismissed voluntarily. However, as slightly more than 10% of Honeywell employees (roughly 5000) did not participate, the company still saved hundreds of thousands of dollars in health care costs by shifting them to employees (Begley, 2015).

Another case illuminates the extent to which wellness programs can potentially function not only to financially burden non-participating workers but also to eliminate their access to employer-subsidized coverage altogether. In 2011, a Wisconsin-based plastics manufacturing firm, Flambeau Inc., initially offered employees a US$600 credit for enrolling in a wellness program, which required a health risk assessment survey and biometric testing, but by 2012, Flambeau opted to offer health coverage only to employees who participated in the wellness program, even canceling one employee’s insurance for failing to complete the “voluntary” testing (Michaels, 2016; Weber, 2014). After finding that the mandatory screenings were not cost-effective, Flambeau ended them in the 2014 plan year.

The EEOC argued that Flambeau violated the ADA’s Title I protection against employer-mandated medical examinations for employees. However, Flambeau responded that its
examinations fell within the ADA’s “safe harbor” provision, which offers “an exemption for activities related to the administration of a bona fide health benefit plan” (Michaels, 2016). In essence, since Flambeau had used wellness program data to estimate the cost of health care coverage, set premiums, and adjust co-pays for office visits and prescription drugs, the data were used to administer and deliver its health plan. As research for health care administration, they argued, their screening was “not the type of ‘required’ exam prohibited by the ADA” (Michaels, 2016). Since employees volunteered for this testing only if they wanted health insurance coverage, Flambeau argued further that its health screenings were entirely voluntary, and thus ADA-compliant. The court agreed with Flambeau’s safe harbor argument, “since [data] was used [for] underwriting, classifying or administering risks associated with the health benefit plan” (Michaels, 2016). The EEOC countered that Flambeau had manipulated the safe harbor provision as a way of undermining ADA protections against involuntary medical testing. However, the court maintained that the safe harbor provision protects the right of employers to collect population-level information about workers as long as the information is anonymized, and, in this case, “the tests were not shown as being used as part of discriminatory acts” (Michaels, 2016).

In May 2016, the EEOC finally codified the allowable financial incentive amounts for wellness programs. Under the Patient Protection and Affordable Care Act, companies can tie as much as 30% of a worker’s annual insurance premium (or 50% in the case of smokers) to health outcomes. The Kaiser Family Foundation estimated that individual coverage costs average US$6435 a year, and thus, non-participation could cost workers nearly US$2000 annually (Abelson, 2016). In response, the American Association of Retired Persons (AARP), a US-based nonprofit organization, filed a lawsuit against the EEOC, arguing that wellness incentive programs violate anti-discrimination laws (including the ADA) that protect the privacy of medical information because the cost of non-participation, even at 30% (or 60% for couples), remains too high for workers. They also argued that wellness programs could increase bias against elderly workers. Although the court endorsed the AARP’s argument about financial burden, it upheld the EEOC’s existing rules, arguing that it would be too “chaotic” for companies for the EEOC to make sudden rule changes (Mulvaney, 2017). Whether or not 30% of the annual premium represents undue hardship remains an open question as of this writing.

As Fitbit features disabled people in its advertising and tries to make inroads into corporate wellness culture through its trackers and Group Health program, the hallmark legislation of the American Disability Rights movement, the ADA, has been central to legal arguments about all workers’ rights in the postgenomic age. When confronted with the EEOC lawsuit, David Cote, the Chief Executive Officer (CEO) of Honeywell, defensively invoked neoliberal discourses of personal responsibility that infuse and are emboldened by the culture and ideology of wellness:

If they don’t get the survey, then they have to pay $100 more a month for their policy. So we don’t refuse anybody coverage. And the whole point is, why should people who don’t care about how they’re living … be able to take advantage of all the people who do care? (Mole, 2016)

Both Cote and the Lovefit commercial invoke the affective rhetoric of personal responsibility so naturalized by the cultural politics of neoliberalism. Those who “do
not care” must just not “lovefit.” They are “unfit,” a word with deep historical and discursive roots in eugenic philosophies of the early 20th century. Why should good citizens who Lovefit pay for the selfish Unfit? As historians of disability and race have shown, the language of “fitness” has been mobilized by doctors, legislators, educators, immigration officials, psychiatrists, and others to pathologize physical disability, neuroatypicality, poverty, non-Whiteness, or non-Americanness (Elman, 2014; Mitchell and Snyder, 2006). As corporate wellness programs suture compulsory able-bodiedness with neoliberal personal responsibility, wearable technologies, as well as the wellness programs of which they are part, form a new node in a much longer genealogy of “diagnostic regimes” of eugenics and, likewise, the ongoing erosion of workers’ rights (Mitchell and Snyder, 2006). As of this writing, HR1313, a bill that would give employers the power to financially penalize employees for not getting genetic testing and would allow employers access to genetic and other health information, has been introduced into the US Congress (Begley, 2017). Essentially, the bill aims to exempt genetic tests undertaken within workplace wellness programs from compliance with GINA and ADA protections. The American Benefits Council, which represents Fortune 500 and other large companies, argues that the ADA and GINA “put at risk the availability and effectiveness of workplace wellness programs” and “depriv[e] employees of benefits like ‘improved health and productivity’” (Begley, 2017). By analyzing legal contests over the ADA-compliance of US wellness programs, I have argued that media studies scholars must pay greater attention not only to discourses of compulsory able-bodiedness in the technological design and advertising of Fitbit but also to the broader impacts of disability politics in relation to wearables, wellness, and workers’ rights. The biopolitical management and “enhancement” of wellness function to configure health care as something to be earned through healthy (read: good) behavior. Wellness becomes another extension of a compulsory able-bodiedness that makes precarious the bodies of all workers, disabled or not, in the postgenomic age—a precarity from which activity tracking companies profit by marketing wellness as an endless process of self-rehabilitation.

**Politicianizing immobility**

I have shown that Fitbit profits from the cultural capital of disability-as-diversity while it remains technologically inaccessible to wheelchair users. By individualizing all movement as step-counting, Fitbit’s technology and its advertising offer a compulsory able-bodied vision of human agency: that social, physical, and economic mobility are solely delimited by the personal will to “get moving” rather than circumscribed by structural inequality. In one way, wearables emerge as an industry antidote to a perennial critique of media technologies as inducing laziness and, in turn, bad citizenship (Elman, 2014). For example, Paul Virilio argues that media “interfaces” will “doom [humankind] to inertia,” acting as “prostheses that make the super-equipped able-bodied person almost the exact equivalent of the motorized and wired disabled person” (Virilio, 1997: 11). “Disability disappears” when new media “dooms” nondisabled people to the immobility of (undesirable) disabled existence. As Fitbit is only one small piece of a broader cultural turn toward wellness, this final section broadens its scope to consider how global
discourses of disability and compulsory able-bodiedness frame wellness as an apolitical social good by conflating mobility with freedom.

Three years after former US First Lady Michelle Obama established her signature “Let’s Move!” campaign in the United States, Sweden’s Crown Princess couple started Generation Pep (Gen-Pep), a Swedish nonprofit organization similarly aimed toward improving children’s and young people’s health. Gen-Pep featured Stephen Hawking, a renowned physicist, in “Pep Talk,” a public service announcement about obesity that quickly went viral in 2016. Accompanied by haunting piano music, the ad features Hawking, sitting alone in his power chair in a gigantic library. Using a speech-synthesizer, Hawking stares into the camera and issues the following statement:

At the moment, humanity faces a major challenge, and millions of lives are in danger. As a cosmologist, I see the world as a whole, and I am here to address one of the most serious public health problems of the twenty first century. Today, too many people die from complications related to overweight and obesity. We eat too much and move too little. Fortunately, the solution is simple. More physical activity and change in diet. It’s not rocket science. And for what it’s worth, how being sedentary has become a major health problem is beyond my understanding. (YouTube, 2016)

When Hawking’s speech concludes, text appears on the screen: “Physical inactivity is now the world’s fourth leading cause of death,” followed by daily recommended amounts of physical activity for adults and children (YouTube, 2016).

The Gen-Pep ad is a complex convergence of multiple forms of compulsory able-bodiedness. On the one side, by positioning him in a library, the commercial amplifies Hawking’s substantial cognitive capacity and the authority that such intelligence confers. The snarky colloquialism, “it’s not rocket science,” represents obesity as obviously resulting from poor impulse control, expressed as stupidity. The monologue’s final sentence affirms the axiomatic logic of compulsory able-bodiedness, expressed in a common ableist presumption that all wheelchair users have a burning desire to walk. As McRuer (2006) notes, compulsory able-bodiedness functions by covering over “with the appearance of choice … a system in which there actually is no choice” (p. 7). Hawking indicates that nondisabled people could move but lack the desire or intelligence to do so. Being sedentary would never become a “major health problem” for Hawking, or, by extension for other wheelchair users, who would “naturally” choose (superior) nondisabled existence.

By politicizing Hawking’s physical immobility, this commercial portrays a compulsory able-bodied ideology that values thinness and able-bodiedness over fatness and disability as though it were a cosmic truth. Hawking’s involuntary immobility both incites pity and enables scorn to be directed at voluntarily immobile (read: lazy) nondisabled people. “Pep Talk’s” ableist depiction of movement, endorsed by a disabled celebrity, depoliticizes the commercial’s fat stigma as timeless common sense (i.e. “not rocket science”). However, Karisa Butler-Wall argues that “overweight” only became a medicalized term in the early 2000s, after a US media panic about a so-called obesity epidemic; fat studies scholars argue that anti-obesity discourse only succeeds in stigmatizing fatness rather than producing superior health outcomes (Butler-Wall, 2015). Sharing much with disability stigma, fat stigma conceives of fatness as an
individual moral failing, a violation of the Protestant ethic on which capitalism is founded. Butler-Wall (2015) notes that fat bodies materialize as “scapegoats for larger social anxieties over national fitness and changing patterns of production and consumption” and as new targets for medical, governmental, and corporate technologies that surveil, monitor, and regulate (p. 228). As a result, fat individuals are less likely to seek health care due to the poor treatment they receive from medical careworkers (Kirkland, 2008; Lebesco, 2003).

In analyzing the affinities between personal responsibility and wellness culture, it bears noting that “Pep Talk” elides Hawking’s extreme economic, racial, educational, gender, and cultural privilege relative to most disabled people around the world, who are more likely to live in poverty than nondisabled people. Assessing wearables’ contributions to actual health outcomes, Christa Teston (2016) spotlights the intense disparity between, on the one side, the supposed democratization of health information via wearables and, on the other side, ongoing health disparities of minority populations. Teston (2016) asks,

For what populations are wearables … revolutionary? How does one reconcile the fact that the United States has never before possessed more medical and health-related data, and yet the health of some of its most vulnerable populations is at greater risk than ever before?” (p. 252)

Gilmore (2016) argues contrastingly that self-tracking “allows the everywear user to, in some regards, occupy the role of the doctor in monitoring his or her own body;” his only reservation is that users might “see themselves perpetually as subjects needing care” (p. 2529). The notion that all everywear users, irrespective of race, class, gender, sexuality, or disability, can simply “occupy” the role of doctor suggests that all subjects have equal access to medical authority and power. Can all everywear users really “occupy the role of the doctor” simply by possessing more data, when women, people of color, disabled, poor, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) people’s knowledge often carries less authority in the history of Western medicine? When doctors dismiss Black or female articulations of pain at higher rates than those of their White male patients, will more data necessarily translate into more credence for people who “see themselves as perpetually needing care?” (Somashekar, 2016).

When advertisers (or media studies scholars) take for granted that fitness wearables increase mobility, wellness, or agency for consumer/patients, we must interrogate the cultural and historical politics that attend such a claim. In order for some subjects to appear “healthy,” other bodies need to inhabit a zone of pathologized immobility, and media scholars should be cautious about inadvertently amplifying neoliberal logics of personal mobility. Gilmore (2016) emphasizes that “the structures of capitalism … make obesity a biopolitical problem” and affirms that new “habits of walking and step-counting” can address the problem of obesity, while problematically “leav[ing] existing political-economic arrangements more or less undisturbed” (p. 2529). By acknowledging how “structures of capitalism” constrain time and movement, Gilmore’s analysis may complicate Gen-Pep’s simplistic moralizing (and ableist) thesis that fatness derives from poor self-management. However, like Gen-Pep, Gilmore accepts that obesity is a problem, and one based in individual non-movement, a perspective that aligns able-bodied
movement with health rather than theorizing mobility as, at once, social, cultural, and economic. Both the Hoyts and Hawking act as disabled ambassadors for a neoliberal compulsory able-bodied narrative of personal responsibility that elides the fact that, globally, disabled people still overwhelmingly struggle to access health care, education, employment, and public space, not due to their insufficient will but rather due to the toxic combination of social stigma, poverty, and the dismantling of social services in the age of austerity (Kafer, 2013; McRuer, 2018).

**Mobility impairments**

I have analyzed how the politics of compulsory able-bodiedness infuse wellness culture and wearable technology, by focusing on advertising as well as wearable design and implementation, to show why emergent scholarship on wearables must engage more substantively with disability. While the visibility of disability within cultural representations of wearables and wellness can, at first glance, seem progressive and inclusive, my analysis shows the ways in which disability (and, particularly, aspirations of its prevention through wellness initiatives) operates as a discourse of depoliticization for US neoliberal values like personal responsibility, as wearables instrumentalize a vision of freedom as the individual will to move in a world inaccurately represented as barrier-free. Although Fitbit’s marketing and technology may celebrate the boundless freedom of intense personalization, my analysis of Fitbit, as an artifact, illuminates well Elizabeth Ellcessor’s crucial distinction between technological availability and true access (Ellcessor, 2016).

Simply noting that wearable metrics increase our awareness of our own susceptibility does not engage substantively with the question of access to actual health care. However, if we map the discourse of health tracking solely through the history of medicine, we risk missing the ways in which histories of surveillance are histories of medicine. In the age of “patient-centered care” and the Internet of Things, wearables offer a cultural fantasy of individual agency as health entrepreneurialism through the continual self-optimization of a networked body. This perspective occludes how the meaning, access to, and development of wearables continue to be shaped by histories of surveillance that have disproportionately targeted non-White, poor, disabled, and immigrant subjects as “unhealthy” targets of intervention. Which populations have (and, historically, have had) the privilege to “choose” surveillance? Or to put it another way, why position Fitbit within the genealogy of the stethoscope rather than that of the ankle monitor?

Thinking through the category of disability in relation to wearable technology enables us to think broadly about the politics of mobility in relation to technology and wellness. Celeste Langan notes that freedom has been ideologically conflated with individual mobility, in part because natural rights discourse is predicated on compulsory able-bodiedness and neurotypicality (Langan, 2001). Historically, disability rights activists have argued that social practices, cultural attitudes, and material infrastructures constitute the public sphere, and thus, the disabled demand for accessibility has always been a demand for physical as well as social mobility. Rather than espousing a disability identity politics, Langan (2001) argues for a “strategic non-essentialism” among the disabled and the “social mobility impaired,” a category of persons who face
social, cultural, and economic barriers to travel, employment, health care, cultural capital, or education (p. 459). If, as Mimi Sheller (2015) argues, the legislation, control, and allocation of movement (“the government of mobilities”) has been central to the subjectification of citizens in relation to race, sexuality, gender, class, and able-bodiedness, how might an analysis of the cultural politics of dis/ability, wellness, and wearables help to produce a broader analysis of social mobility impairment (pp. 15–16)? Such a strategic non-essentialism might include the social mobility impairments of immigrants and non-White people who attempt to move across national borders in our current moment, the economic mobility of workers in an age of unprecedented wealth inequality, or the mobility of disabled workers to secure employment or maintain access to health care, especially as the US Congress considers restoring health insurance companies’ right to deny coverage to those with pre-existing conditions that could be revealed in “voluntary” corporate wellness screenings.

Wearables are fundamentally changing the politics of life itself across multiple media platforms, as the devices sell a vision of perpetual rehabilitation using the individuating neoliberal rhetoric of “personal responsibility” and equating (nondisabled) mobility with health and freedom (Rose, 2006). Disability studies’ analyses of technology illustrate that nobody is fully autonomous or independent, or as Langan (2001) argues, “the autonomous body no longer provides (if it ever did) an adequate model of social agency.” Critiquing wearables requires destabilizing the norm of compulsory able-bodiedness and conceding, perhaps, that while rolling might not be qualitatively better than walking, “walking has long been overrated” (Clare, 2017: 99).

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