

STATE OF THE ART

THE RACE AGAINST TIME

Lived time, Time Loss, and Black Health Opportunity

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Abstract

In this paper I argue that time is a social determinant of health, and one that perpetuates racial health inequalities. Specifically, Black people in the United States experience time losses across numerous domains throughout the life course, putting them at risk of disproportionate morbidity and mortality. Fundamental cause theory holds that social conditions structure health through pathways to resources including money, knowledge, power, prestige, freedom, and social networks. Racialized time indirectly harms health by disrupting or denying access to these flexible resources and by undoing utility among those that are obtained. Racialized time harms health directly when it produces stress and exacerbates conditions of racial subordination. I examine racialized time in three categories: 1) Black people spending too much time to meet basic needs; 2) Black people having less time spent on them than is required; and 3) lost years of (good quality of) life. Linkages between time and health disadvantage exist in material resources, interactions with the state, intimate lives, public space, and cognitive processes.

Keywords: African American/Black, Time, Health, Inequalities, Health Disparities

INTRODUCTION

In her ethnography of the Cook County criminal courts in Chicago, Nicole Gonzalez Van Cleve (2016), observes that, “timing is everything. If you are part of the public, a defendant, or a victim, you are either wasting time or fearing time” (p. 29). Arguing that waiting reinforced hierarchies of power and subservience for court participants, she concludes that “*time is a currency*” (p. 31; emphasis in original). Further, the time loss was not symbolic; waiting had distinct consequences on people’s lives, whether economic (e.g., missing or losing employment, paying for daycare and parking) or physical (e.g., foregoing the ability to go to the bathroom or to eat or drink) (Gonzalez Van Cleve 2016). In this paper, I argue that time is a currency for which a shortfall perpetuates Black health disadvantage. Across a broad spectrum of life experiences, Black people lack this currency or find it ill spent.

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Popular discourse decries the scarcity of time in Americans' lives, particularly as it relates to paid/unpaid work and leisure (e.g., see Katz 2015; Miller 2015a). Yet, empirical social science analyses fail to corroborate received wisdom that over the past several decades, Americans have endured workweeks of increasing hours. Instead, perceptions of time scarcity are better explained by such factors as transformations in family composition and gendered participation in the labor market, and the rhythms and temporal organization of contemporary life (Wajcman 2015). Unqualified portrayals of time scarcity in the United States fall short. Socioeconomic position structures how much time an individual has and how much flexibility she or he has to allocate it (Wajcman 2015). Indeed, echoing Gonzalez Van Cleve's foregrounding of power in the experience of time, Judy Wajcman contends, "the ability to choose how you allocate your time lies at the core of a positive notion of freedom" (p. 61). Time in the United States is racialized, and manifests as more than a pressured daily routine; it undergirds the racial patterning of health, sickness, and death.

Ta-Nehisi Coates (2015) recounts a childhood where daily life was a rumination on ensuring his safety, whether in the anonymity of the street or in peer interactions. He laments this allocation of mental energy, arguing that, "I think I felt that something out there, some force, nameless and vast, had robbed me of...what? Time?" (p. 24). Followed by: "It struck me that perhaps the defining feature of being drafted back into the black race was the inescapable robbery of time, because the moments we spent readying the mask, or readying ourselves to accept half as much, could not be recovered" (p. 91). He concludes, "The robbery of time is not measured in lifespans but in moments" (p. 91). But perhaps the opposite is true—that Black lifespans are deeply shaped by stolen time.

Black lifespans in the United States embody stolen time in the literal sense because they are shorter than those of their White counterparts. In 2010, Black life expectancy at birth was 75.1 years, compared to 78.9 for Whites. Life expectancy increases slowly. Regardless of race, American life expectancy in 2000 was 76.8, and it was not until 2005 that the population average reached 77.6 years (National Center for Health Statistics 2012). Thus, racial gaps in life expectancy are not easily closed, and African American adults could be said to be living in a different time. The same is true of their babies; those born to Black mothers die within the first year of life at more than twice the rate of White peers (National Center for Health Statistics 2013).

To be sure, benchmarking Black lifespans against those of Whites can be problematic (Case and Deaton, 2015). Particularly, when we consider that Whites in the United States have considerably worse health profiles than those in other countries. Non-Hispanic Whites aged forty-five to fifty-four have not enjoyed the same declines in all-cause mortality as counterparts in several rich industrialized nations (Case and Deaton, 2015). Those aged fifty-five to sixty-four have higher self-reported chronic disease than counterparts in England, and when broken out by education and income, White respondents in the United States with the most resources often experience the same disease prevalence as English counterparts with the least. And, these differences are not due solely to differential access in health care access (Banks et al., 2006).

Still, there is no escaping that Black Americans live shorter and sicker lives than Whites, and that this differential is a predictable consequence of racial stratification in American social life. My argument is that indirectly, Black lifespans are compromised by a racially disparate experience of time that produces or potentiates risks and opportunity deficits, produces stress, and systematically jeopardizes chances for Black people to lead healthy lives. First, time reverberates in social conditions (e.g., SES, segregation, and interfaces with the environment) whose throughputs to resources

ultimately produce health and disease (e.g., Krieger 2001; Link and Phelan, 1995; Phelan and Link, 2015; Williams and Collins, 2001). Segregation constrains access to health-supportive resources while increasing deleterious exposures (Williams and Collins, 2001), and socioeconomic position determines access to a breadth of flexible resources—money, power, prestige, knowledge, social support, and freedom—that minimize risk of and consequences from disease (Link and Phelan, 1995). The ways in which time is spent by and on Black lives produces unequal access to societal resources and taxes the available ones, thereby increasing the probability of disease and lessening the wherewithal to contend with illnesses that strike.

The embodiment of stress is a focal point for theorizing chronic disease morbidity and mortality among Black populations (Krieger 1999)—particularly vis-à-vis racial discrimination (e.g., see Brondolo et al., 2009; Clark et al., 1999; Geronimus 2001; Shavers and Shavers, 2006; Williams and Williams-Morris, 2000). The weathering framework sees premature health deterioration and high illness morbidity among African Americans as the cumulative result of experiencing and coping with stressors (Geronimus 2001). In this model, time is accelerated, aging Black people faster and hastening them towards death. In one study, a national population sample compared Black and White women on the length of telomeres—protein caps at the ends of chromosomes that shorten as cells replicate. Because cells die after telomeres shorten past a certain threshold, their length constitutes a biological marker of physiological wear and tear. Black middle-aged women had shorter leukocyte telomere lengths than White counterparts, a difference roughly comparable to accelerated aging of 7.5 years, and driven in large part by differences in experiences with stress and poverty (Geronimus et al., 2010). This work shows how Black people's lived experience of time is an outcome embodied physically. I seek to illustrate how racialized time acts as a health determinant.

It does so first by disrupting or denying access to flexible resources that are fundamental to health and by producing devolution in utility among resources held. In fact, time is both a resource and a more distal force that allows individuals and communities to procure, enjoy, sustain, and transmit other resources. In addition, racialized time causes stress, particularly when it exacerbates conditions of racial subordination; and in a negative feedback loop, some chronic stressors (e.g., racism) produce time loss. Importantly, stress is not solely an individual experience; stressors produced by structural inequalities affect entire communities (Abramovitz and Jochen, 2013). Place-based stress in the form of multiple losses affects community social fabric, particularly among the poor, for whom resources are acutely scarce. Community losses include such events as unemployment, foreclosure, deportation, foster care placement, incarceration, and school closings (Abramovitz and Albrecht, 2013). Critically, all of these involve lost time.

RACIALIZED TIME

Charles Mills (2014) suggests that the racialization of space creates White space, and the racialization of time produces White time. White time sets Eurocentric goals and wishes at the center and denotes appropriate use of time. Mills argues that in the White temporal imaginary, Black people are a premodern race that holds the nation back from moving forward in time. When Black people are constructed as mere occupiers of space, but not masters of time, Blackness becomes antithetical to progress itself (Holland 2012). Then White time is fundamentally anti-Black; time marshaled by power.

Mills contends that racism redistributes time by taking it away from people, leading to diminished life expectancy; and posits that perhaps lost time is transmuted into White time. In this frame, curtailing Black life expectancy therefore extends that of Whites: “metaphysically these processes, these regimes of temporal exploitation and temporal accumulation, would not just be taking time...but *transferring* time from one set of lives to another” (p. 28; emphasis in original). Michael Hanchard (1999) defines racial time as temporal inequalities that stem from power relations between dominant and subordinate racial groups. Racial time is therefore a marker of inequality that structures temporal access to institutions, goods and services, knowledge, and other resources.

Hanchard sees a defining characteristic of Black life in the United States as “having to wait for nearly everything” (p. 263). Where once waiting meant queuing for access to full citizenship, it now includes waiting to see whether those hard-won gains will be retained. Time has not been kind to the battles Black people have fought, as the country continues to resist and actively roll back prior gains in everything (e.g., voting rights, fair housing, and affirmative action). Daily news seems to produce the same stories about everything, stories purportedly relegated to times past: symbolic and physical racial violence in public spaces; generally unpunished police and extrajudicial killings of unarmed Black citizens; the redlining of various forms of credit; environmental racism; and employment discrimination. In that regard, a defining characteristic of Black life could be described as being stuck in a time machine.

Time works to disadvantage Black people in various ways. Some things take too long to happen. Black people wait for X, often with an unclear end point, where X may be anything from, historically, the right to vote, to the installation of a neighborhood bike-sharing depot, in the contemporary moment. In other instances, time disadvantage may be occasioned by events that may routinely take place, but still take too long to complete, such as waiting for public transit in a poorly serviced neighborhood. As well, racialized time requires Black people to invest in moments that are a waste of time (e.g., police stops). Or, they may engage in behaviors or economic transactions that are theoretically goods, but the return on those investments in time may be neutral or negative because of the ways in which they are bracketed by race. For example, buying a house is central to accruing wealth, but it comprises a much more tenuous investment over time for Black homeowners. Similarly, Black people lose time in life events that may be necessary, but represent time spent that could have been allocated to something else were it not for racial subordination. For example, Black children spend more time traveling to school because they are more likely to comprise the student bodies of public schools that are subject to closures, and therefore they must travel further to reach high quality schools. Their families spend considerable time negotiating school choices, balancing competing priorities including health status, caregiving demands, work schedules, finances, transportation, school quality, safety, and time (Pattillo 2015).

As Mills (2014) contends, race stratifies all kinds of times: “working times, eating and sleeping times, free times, commuting times, waiting times, and ultimately, of course, living and dying times” (p. 28). In the following, I explore racialized temporalities and time loss, explaining why they set Black people on a path towards ill-being.

MECHANISMS OF TIME LOSS

Acknowledging that an exhaustive analysis of time loss in Black lives is beyond the scope of this paper, I focus on selected contexts that are salient in day-to-day life,

which affect most Black people, and directly and indirectly shape health opportunity. I examine racialized time loss and their implications for health in three categories: 1) Black people spending too much time to meet basic needs; 2) Black people having less time spent on them than is required; and 3) lost years of (good quality of) life. These mechanisms affect material resources, interactions with the state, intimate lives, public space, and cognitive resources.

Too Much Time: Time Expenditures to Meet Basic Needs

The first mechanism through which racialized time affects health risk is excessive expenditures of time to meet basic needs and gain access to, or use health-related resources productively. I focus here on the kinds of socioeconomic resources that are essential in daily life. Jay Pearson (2008) articulates several ways in which socioeconomic position is fraught as a protective factor in African American health. For example, higher SES does not have the same purchasing power for this group, and does less to reduce disease incidence or to lengthen life expectancy. Moreover, African Americans must expend more psychological resources and employ high-effort coping in order to attain health payoffs from socioeconomic position (Pearson 2008). One reason for this is because it requires more time.

Education

Disproportionate and differential suspension means that Black youth lose school time. The Department of Education finds Black children are more than three times as likely as White students to be suspended or expelled, and are suspended at rates disproportionate to their population. This is true not only in the nation's largest cities and cities with large Black populations (e.g., Chicago, Los Angeles, New York, and Baltimore), but in smaller cities with fewer Black residents as well. For example, Black students are 38% of the student body in Minneapolis, but they are 77% of those who are suspended (U.S. Department of Education 2011). Suspension is rarely attributable to serious or dangerous incidents such as weapon or drug possession. Rather, suspensions are often for breaches of behavioral comportment that are invariably racialized. Whereas White youth are suspended for infractions such as smoking, vandalism, or leaving school grounds without permission, Black youth are frequently suspended for disrespect, excessive noise, or loitering (Losen and Skiba, 2010). Skin tone plays a part in suspension risk, with data from two large national cohort studies showing that darker skin increases the probability of suspension. Gender also intersects with race such that Black girls carry a greater penalty than Black (Hannon et al., 2013), Hispanic, or White males (Losen and Skiba, 2010). Because suspension frequently diminishes the probability of completing a high school diploma, racialized time loss in school has consequences for future socioeconomic resources.

Employment

Sociologists have extensively documented the spatial mismatch between job centers and Black residential neighborhoods (Fernandez and Su, 2004). When employment centers are located far from Black central city neighborhoods, residents of those communities must expend more time traveling to look for work or going to work, particularly because public transit is scarce in many metropolitan areas. James Robertson's epic twenty-one-mile walk to work in Detroit brought this starkly into public view (Laitner 2015). Inflated employment-related travel costs are particularly acute for

Black women, who are more likely to be caregivers and charged with sustaining social bonds. Transportation policy is configured to meet the needs of average White male workers, significantly disadvantaging Black women in the quantity and quality of time they are able to spend with intimate partners to provide care for others (Threadcraft 2015).

But looking for work requires more time from Black applicants regardless of job location, because experimental studies have shown that both in-person (Pager 2003) and resume-based searches (Bertrand and Mullainathan, 2004) require more time and more applications on the part of Black jobseekers. Other audit studies report estimates of preferences for White workers ranging from 50% to 240%, and negative outcomes for Black workers include less work experience, greater employment instability, and lower pay (Pager and Shepherd, 2008). Discrimination in other domains means that Black workers have to expend more time on the job in order to attain a lifestyle comparable to similarly situated Whites. For example, the unforgiving system of contract selling induced some Black homeowners to work multiple jobs to remain current on house payments, often with multiple sunk costs (Satter 2009).

Although many discrimination studies focus on entry-level positions, research on individuals in professional positions shows that greater socioeconomic resources are not necessarily protective against time loss. For African American financial advisers working at one of the country's largest firms, restriction to minority niche markets meant that accrued expertise would become sunk time, were the company to redirect its focus from that niche. As well, these finance professionals were shortchanged in mentoring time, and exclusionary team formation produced more time expenditures in client work (Bielby 2012). To the extent that time shortages play into perceptions of control over one's life, the links to health extend beyond the immediate circumstances of the workplace, because perceived lack of control has been shown to be a risk factor for cardiovascular disease, mental health, mortality, and other health outcomes across a range of domains and populations (Marmot 2006).

Housing

Black residents who move to predominantly White neighborhoods to undo spatial mismatches trade social activities and networks for more amenable commutes to work. Few Black households will have existing networks in the White spaces into which they move, and fewer still forge new ones upon arrival. The "white spatial imaginary" does not countenance Black neighbors (Lipsitz 2011). The normative state of White space is the absence of Black people, unless they are "in their place" (e.g., working in a service position) or have been vouched for by White people in good standing. Otherwise, Black people in White space elicit outrage and require explanation (Anderson 2015). Historically and currently, the questions raised by the presence of Black bodies have been answered with violence and terror against those who crossed racial boundaries (Bell 2013).

Persistent housing discrimination means that African Americans spend more time searching for homes and are less successful in those searches (Galster and Godfrey, 2005; Turner and Ross, 2005). Exclusionary discrimination in more extreme forms kept Black people out of homes through racial covenants and the denial of FHA-backed mortgages, which rendered whole swaths of cities a waste of time for Black homeseekers. Discriminatory practices of realtors, landlords, and other actors include refusals to rent or sell to Black clients, and steering them to other properties and neighborhoods (e.g., see Roscigno et al., 2009). Discriminatory practices make housing searches costly in time because Black homeseekers must spend more of it to gain entry to real estate

properties. Controlling for income, Black renters submit more applications than White counterparts, Black home buyers make more offers, and renters and buyers alike are more likely to report that the search was difficult (Krysan 2008). Complicating strategies to attenuate exclusionary discrimination by working with Black real estate brokers is the fact that Black brokers are themselves largely shut out of White markets, listing properties primarily in Black neighborhoods (Kwate et al., 2013a).

Once an individual is housed, non-exclusionary discrimination includes harassment and intimidation, poorer terms and conditions, and reduced services and privileges (Roscigno et al., 2009). Non-exclusionary discrimination evinces racialized time because Black people lose the time they would have had to enjoy to housing goods, but instead must spend pursuing access (e.g., repeated requests to management to conduct repair) or responding to threats, vandalism, or other forms of harassment. Moreover, if these problems do not cease, the resident must either move—excluding themselves from the property—or pursue legal redress, in which the onus is on the individual (Roscigno et al., 2009). In both cases, that is additional time lost.

Racialized time imbricates home financing and home exits. Analyses consistently find that Black applicants receive worse terms on home loans, making homeownership significantly more expensive over the long term (Squires et al., 2002), particularly when loans are subprime (Rugh et al., 2015). Subprime lending has disproportionately affected Black households and communities, leading to mortgage foreclosures (Furman Center for Real Estate and Urban Policy 2004; Furman Center for Real Estate and Urban Policy 2010; Phillips 2010; Rugh and Massey, 2010) and exit from homeownership—an experience more likely for Black residents (Hirschl and Rank, 2010). For many, lost homes had been in the family for generations, and the mass scale of these losses is responsible for a historic decline in Black wealth accumulation (Pew Research Center 2011). The foreclosure crisis stemming from predatory lending is a pointed example of how Blacks are prevented from capitalizing on their investments over time.

Renters are not immune to the toll of foreclosures. Oral histories with former residents of Chicago Housing Authority (CHA) buildings reveals the instability wrought by landlords' foreclosures. Once housing projects were demolished, residents were provided Section 8 vouchers to find new homes on the open market. Already an uncertain and arduous proposition, the timing of housing demolition meant residents were competing in a fraught market roiled by the mounting numbers of foreclosures prior to the financial collapse of 2008. For example, Cabrini-Green was demolished between 1995 and 2011, Henry Horner Homes 2001–2008, Ida B. Wells Homes 2002–2003, Rockwell Gardens 2003–2006, and the Robert Taylor Homes and Stateway Gardens in 2007 (Petty 2013). As a result, former CHA residents entered precarious living situations where they faced frequent disruptions in their housing tenure as landlords went under. These disruptions cost time. As Tiffany Tucker, a young woman who lived with her mother and other family members recalled, “The buildings where we stayed went into foreclosure again and again. Each time we got notice, we’d only have a few months to relocate. The law is strict on people with Section 8 vouchers. Moving took steps” (Petty 2013, p. 177). Additional barriers stemming from Section 8 procedures exacerbated the time intensiveness of housing searches, requiring those with the fewest resources to invest still more. Ms. Tucker explained the cumulative time costs of successive moves, pointing out repeated absences from work and moving costs. These moves also incurred cumulative stress: “It was never our fault when there were foreclosures, but we still had to get out. It was worrisome” (p. 178). The Tucker’s housing trajectory is exemplary of the kinds of compound losses and reserve depletion that compromise health (Abramovitz and Albrecht, 2013).

Commerce

The fall and winter of 2013 saw a rash of incidents reported in major news outlets in which Black customers were accosted, frisked and detained under suspicion of stealing merchandise (Burke et al., 2013; Moore and Adams, 2013; Santora 2014; Stepansky et al., 2013). Underlying the store personnel's behavior were stereotypes of Black consumers as deficient, irrelevant, objectionable, and unqualified. For the store personnel, the idea of young Black people purchasing expensive items from stores specializing in luxury goods was simply not credible. These ideas pervade markets and render Black communities unattractive to retailers, forcing Black residents to expend more time to access needed goods and services because their neighborhoods are bereft of retail. Studies in major cities including Atlanta (Hellig and Sawicki, 2003) and New York City (Kwate et al., 2013b), and studies that are national in scope (Small and McDermott, 2006) show that after controls for relevant population characteristics including area income, age distribution and retail demand, the percentage of Black residents is associated with fewer stores and greater distances to the nearest establishment. As a result, despite the sanctions it is likely to engender, Black people will eventually need to make incursions into White space to access goods and services (Anderson 2015).

But when Black consumers patronize these stores, they are likely to spend more time than White counterparts because they are denied services or subject to racially discriminatory practices. For example, Black restaurant diners wait longer for table service and encounter disrespect (Brewster and Rusche, 2012). Black shoppers spend more time subject to retail surveillance (Schreer et al., 2009) and unhelpful staff who perceive them as lacking financial resources (Kwate and Goodman, 2015). Because Black consumers routinely encounter demeaning treatment, they may elect to avoid stores that are otherwise convenient, traveling further to businesses where they know they will be treated with respect. Those who are subjected to blatant racial discrimination may pursue lawsuits—an additional time cost. Beyond individual experiences, Black consumers may also face conflicts borne out of solidarity with others who have faced racially subordinating treatment at stores. For example, consumers may not wish to patronize business known to have engaged in racial profiling. If not, other options must be sought out. These choices incur greater time allocations.

Public Space

The use and condition of space is a primary way in which racism takes place, meaning not only how racism happens, but also “how social relations take on their full force and meaning when they are enacted physically in actual places” (Lipsitz 2011, p. 5). The operation of time is writ in the built environment when buildings in Black spaces take no time to build, and when they are ravaged by time, shuttered, crumbling, or reverting to prairie (e.g., see Vergara 2003). When that happens, Black people must spend time waiting for space to be put to good use. Sometimes it never is; municipalities have often cleared enormous parcels of land only to leave them fallow. For example, in the early 1960s, the Kosciusko Urban Renewal Project in St. Louis County razed a Black neighborhood of seventy blocks in order to attract new industry; the land remained largely vacant fifty years later (Rothstein 2014).

Black people require additional time to navigate public space. On foot, they contend with motorists' discriminatory behavior. Motorists reject pedestrian right-of-way, failing to stop, or making “rolling” yields, pausing only long enough for the pedestrian to clear the front of the vehicle (DeVeauuse et al., 1999). As well, motorists are less likely to stop when pedestrians are on the sidewalk or waiting at the beginning of the crosswalk than when they are already in the intersection (Hakkert et al., 2002)—motorists

encountering “a skeptical or indecisive pedestrian may withdraw his offer and continue on his way” (Harrell 2001, p. 357). Indecisive or no, pedestrians’ crossing is facilitated by motorists perceiving their needs: “before a motorist stops, he or she must recognize not only that the person in question is a pedestrian but also that this person is interested in crossing the street” (Harrell 2001, p. 354). In fact, prerequisite is that the motorist first recognizes not just that the person is a pedestrian, but that the person is a person. Empathizing with their plight is a further step. For Black persons, whose humanity is cast as questionable, being recognized as a pedestrian with needs may be one step too many.

A field experiment in Portland, Oregon found Black pedestrians to wait longer when attempting to cross streets at crosswalks (Goddard et al., 2015). The study matched Black and White male testers in their twenties on physique and clothing, and examined the likelihood of a yield by the first approaching car, the number of cars before a yield, and time until yield. Black pedestrians waited 32% longer for a yielding car and waited for twice as many cars to stop. Moreover, racial inequalities were sequentially magnified. That is, if Motorist A did not yield, Motorist B was more likely to fail to yield as well. The authors correctly point out that although differences in wait times were relatively small in absolute values, the cumulative loss across the many street crossings individuals will encounter while walking on city streets is much greater. The cumulative time loss may also compound differently in different geographic and socioeconomic contexts. For example, other experimental work in California has shown that upper-class drivers—defined by the make, age, and appearance of their cars—were much more likely to drive through crosswalks without yielding to pedestrians (Piff et al., 2012). Tara Goddard and colleagues (2015) assert that while the possibility exists that drivers made deliberate and conscious racially biased decisions about for whom they would stop, more likely are implicit biases that emerged in a context like driving on a busy street, where attention to multiple stimuli is necessary, decisions are made quickly, and anonymity is high. Regardless, Black pedestrians must contend either with the knowledge that motorists consciously disrespect them at the crosswalk, or that they simply fail to recognize their humanity when time is short and cognitive demands are high. Both scenarios are stressful.

Too Little Time: Public and Private Neglect of Black Lives

A second mechanism through which racialized time affects health risk is vis-à-vis the neglect of needed time. When Black people fail to receive necessary expenditures of time, particularly from the state, their lives and well-being are put in jeopardy. Whites spend less time on good outcomes for Blacks because they are considered less valuable. As a result, Black publics spend more time entreating the state to intervene on their behalf, and must spend time negotiating the consequences of state neglect.

Racialized state failure leaves African Americans at greater social risk from violence and other social ills (L. Miller 2015), because the state engages in underenforcement in Black neighborhoods—routinely failing to enforce the law or respond to victimization (Natapoff 2006). Consequently, waiting for ambulances, police cars, and fire trucks becomes routine. In some cases, the state has deliberately withheld the provision of emergency services, as in New York City in the late 1960s and early 1970s, when planned shrinkage deliberately cut back city services in order to depopulate what were considered “sick neighborhoods,” and to procure more space for industrial growth (Wallace and Wallace, 1998). To do so, the city closed fire companies or moved them to wealthier neighborhoods, reduced the number of firefighters on rigs and the number of companies sent to alarms, and cut sanitation and building inspections.

The result was the destruction of 80% of Central and South Bronx housing, catastrophic population loss and displacement, and multiple disease epidemics (Wallace and Wallace, 1998). St. Louis considered, but never formally adopted as a law a similar plan (The “Team Four Plan”) to cut off city services to Black neighborhoods; but it was enacted in a “de facto” manner that created essentially divergent, adjacent cities out of Black North St. Louis, and a White southern section of the city (Tighe and Ganning, 2015).

Black people often wait, sometimes in vain, for state services in life and death circumstances. Ashley Cortland, a resident of Chicago’s Ogden Courts public housing project recalled a stray bullet piercing her family’s front window: “And we called the police, and it was maybe just forty-five minutes or an hour before they came and they asked us what happened, and that was it. They didn’t investigate it” (Petty 2013, p. 158). Cortland’s experience is not unique. Police in minority neighborhoods are less likely to offer assistance or file incident reports (Natapoff 2006). Eddie Leman, while deployed in the military, learned that his mother had died from a drug overdose. According to family members, the call to emergency services produced a team of EMTs over an hour later: “My aunt said when they did finally come, the body was so...not decomposed, but something was wrong with it. Bio-hazard, they said. They wouldn’t touch it. They took the stretcher back downstairs and they brought a wheelbarrow. They took my mother’s body out of 4429 Federal in a wheelbarrow” (Petty 2013, p. 105). Cortland’s and Leman’s stories lay bare how waiting is endemic to Black life, and that wait times dehumanize people and heighten stress, if they do not lead to death. Black lives simply did not merit expediency. Indeed, Lehman recalled never having seen an ambulance during his childhood in Chicago’s Robert Taylor Homes (Petty 2013).

Racialized time loss is also evident in neighborhood infrastructure when cumulative neglect by public and private actors exacerbates existing losses. For example, predatory lending produces a landscape of housing vacancy—and this landscape fails to receive the kinds of interventions that keep disorder at bay. Consider Northern New Jersey, where a squadron of actors worked diligently to maintain the physical structures of empty homes and to keep up the appearance of occupation and affluence in an upscale and White suburb. Despite several homes in the community being vacant, residents on the block were unaware that they were vacant at all, because lending institutions, realtors, and other private sector actors were doing considerable work to maintain this sense of isolation (Benediktsson 2014).

But vacant homes in Black communities remain derelict. Across thirty-four metropolitan areas, the National Fair Housing Alliance (NFHA) conducted systematic assessments of Real Estate Owned (REO) properties held by Fannie Mae in predominantly White, Black, and Latino zip codes. As the owner of these foreclosed homes, Fannie Mae is responsible for maintaining them prior to sale to investors or owner-occupants (National Fair Housing Alliance 2015). Foreclosed homes in non-White neighborhoods were left by lenders in highly visible states of disrepair, while those in White spaces were actively maintained. For example, 50% of Fannie Mae REOs in White spaces had fewer than five marketing or maintenance deficiencies, compared to only 24% in communities of color. (National Fair Housing Alliance 2015). Property deficiencies included trash, unsecured or broken doors or windows, damaged walls and facades, mold, dead or disordered landscaping, graffiti, and missing “for sale” signs. Properties that are allowed to remain decrepit in the winter produce snow and ice-ridden landscapes that waste time and promote injuries; pedestrians must navigate space slowly and carefully—wasting time—to avoid coming to grief (Hu and Schwencke, 2015). And, as is typical for

other forms of time loss, any negative consequences (e.g., injury) would initiate a cascade of other negative losses, including time lost from work.

Time Ill Spent: Lost Years of (Good Quality of) Life

The final mechanism of racialized time is time poorly spent. Here, time is sapped from activities and moments that confer a high quality of life, and misdirected to behaviors and cognitive processes that undermine productive pursuits. Time ill spent ultimately harms health by increasing stress and reinforcing a social status in which individuals are not fully allowed to be who they are.

Public and Private Life

Incarceration takes millions of years of collective Black life. Short of death, mass incarceration might represent the supreme collective loss of time. Moreover, criminal justice-driven time losses extend broadly to Black citizenry beyond those who are imprisoned.

Black people who appear in public risk sanction, being remanded in police stops. Between 2002 and 2011, the New York Police Department (NYPD) stopped, questioned and/or frisked people in New York City 4,356,927 times (New York Civil Liberties Union 2012). Black and Latino people bore 87% of these street detentions, disproportionate to population characteristics or estimated rates of crime by race and ethnicity (Gelman et al., 2007). These aggressive policing practices are widespread (Harris 2013). Beyond constitutional infringements, police stops waste time that could otherwise be directed towards obtaining needed goods and services, attending work or school, participating in community endeavors and political action, leisure pursuits, interacting with friends and neighbors, caring for loved ones, or enjoying quiet and unimpeded freedom. Moreover, street detentions often lead to other losses, including employment, when stops cause individuals to be late to work. For youth, time losses in police stops jeopardize in-school learning, time spent doing homework and receiving tutoring, and extracurricular activities.

As noted earlier, all parties to criminal court proceedings in Chicago's Cook County encountered extended, unpredictable waiting for which both relief and stoic endurance was risky. For example, defendants who suspended waiting for any reason risked jail time for failure to appear and the loss of bond funds—often a family's life savings. Those who endure the wait, declining respite for food and drink risk health consequences, particularly given the high rates of diabetes in the population (Gonzalez Van Cleve 2016). The court experience for family members of both defendants and victims, punctuated by wasted time, is echoed elsewhere in the intimate lives of Black families that have been fractured by the criminal justice system. For example, families sustain additional injury through the significant amounts of time lost traveling to visit incarcerated loved ones. In New York City, it is primarily women and children who, via private bus operators charging more than \$60, journey to myriad distant prisons throughout the state to Attica, to Bare Hill, to Gouverneur, and to other facilities located near the Canadian border. Assuming no mishaps, these trips may take eight to ten hours one way (Mallozzi 2005). They depart late on weekend nights, last through the night, and require women to structure their entire week around a trip that culminates in only a few hours' visit with an incarcerated family member (Boryga 2014). These journalistic accounts convey the time wasted in monotonous circumstances, but they belie the significant suffering many women endure. First person accounts appearing in internet forums speak of deplorable conditions on many of these trips, including

lost drivers and drivers falling asleep at the wheel; visitors left behind at rest stops and at prisons; buses lacking heat in winter and A/C in summer; and fetid bathrooms. And in the end, the sacrifice may be in vain, when buses are late—visitation time is cut in half (Prison Gap Bus Service; Flamboyant/Prison Gap Bus Services Info and Experiences). Incarceration robs quality of life from the broader Black population and reallocates time to fell conditions.

Black families lose time because the state imposes intensive and intrusive regulation on Black women's child rearing and relationship building: there is a high density of contact between child protective services and parents, but few services that preserve families (Threadcraft 2015). Too often, these contacts result in the removal of Black children from their homes, a reflection of the fact that "these services are racially biased, organized more to surveil, constrain, and punish blacks as sexual, reproductive, and caring beings than to assist them" (Threadcraft 2015, p. 746). Importantly, the vast majority of children are removed from their homes because of neglect, rather than outright abuse. And yet, "neglect" is more accurately characterized as inequities in work-life balance stemming from spatial mismatch, welfare-to-work programs, and inadequate housing and child care (Threadcraft 2015).

In 2009, White children did not enter foster care at a rate higher than their proportion in the population in any state, but Black children were disproportionately represented in 32 states with those rates at almost twice as high on average, and at least three times as high in seven states (U.S. Department of Health and Human Services 2009). Children leave foster care by being reunified with their parents or primary caretakers, living with other relatives or a legal guardian, or being legally adopted. Data suggest that Black children are less likely to be adopted than White counterparts. In 2009, Black children were 30% of children waiting to be adopted, and White children comprised 39%; yet of those children who successfully moved on to adoption, Black children comprised only 25% of the group, and White children 44% (U.S. Department of Health and Human Services 2009). Black youth bear the longest burden in wait times for an adoptive family, spending more months on average in foster care than all other children. In 2002, Black children's wait times were qualitatively different than children of other racial and ethnic groups, whose means hovered in the twenties, while Black children averaged forty months. (U.S. Department of Health and Human Services 2013). Black children lose time waiting for families (either their own or new adoptive homes), enduring stress, uncertainty, and risk at a critical juncture in their development.

Cognitive Resources

As the Cabrini-Green housing projects were demolished, residents scrambled to secure and store belongings that they would need to move. Dolores Wilson, an eighty-three-year old woman, was pressed for time and forced to abandon mementos that encapsulated her life history (spent time). She explained, "I had so many mementos and they made me move too fast to hold on to them. Now I cannot find my wedding pictures. I don't have one picture of me and my husband and my parents and his parents and our wedding cake that my aunt made...things was happening so fast, and they were telling you you gotta get out by this that and the other, you know...Now my stuff is probably off in some dump" (Petty 2015, p. 40).

For Dolores Wilson, the housing authority's time pressure undermined her ability to reflect on her life; she lost physical objects that make tangible cognitive processes, objects that embody valuable memories. More often, Black people are forced to spend more time than they might wish thinking about their lives in a racialized social system (Bonilla-Silva 1996). Everyday encounters with racism produce a backlog of cognitive

resources as individuals interpret and cope with them. Cognitive energy spent having to process racist incidents of varying severity is wasted time. In addition to personally-mediated incidents, racism creates precarious contexts for daily Black life, producing additional cognitive-time strains. For example, Coates (2015) contends that Black life too often requires time spent thinking about how to secure the body. A spate of Black lives terminated by police officers in recent years has made this plain.

We have ample evidence that individual encounters with racism harm health (Mays et al., 2007; Paradies 2006; Pascoe and Smart Richman, 2009; Williams and Mohammed, 2008), and health risks are worsened when people accept discrimination, rather than actively resisting or challenging it (Krieger et al., 2011). Then, Black people face a bind in which the deleterious effects of experienced racism might be attenuated, but doing so requires the allocation of still more cognitive and instrumental time expenditures. Racialized time impinges on cognitive resources as Black people anticipate racism. For example, they may consider how particular behavioral comportment could act prophylactically or assuage White onlookers. Claude Steele's description of "whistling Vivaldi" to signal a social station implying safety to White bodies is salient here (Steele 2010). However, this performance is often unseen, misread, or disbelieved. As Anderson (2015) puts it: "as long as the black person is present in the white space, he or she is likely to be 'on', performing before a highly judgmental but socially distant audience" (p. 14). This kind of anticipatory stress and heightened vigilance has negative health consequences (Lewis et al., 2015).

Identity threats, or threats through which individuals could confirm stereotypes about their group, impair human functioning across a number of endeavors, by taxing mental resource allocation. That is, the pressure to disprove stereotypes (e.g., Black people are unintelligent or inarticulate) requires multitasking that causes stress and distraction and undermines performance, particularly in situations in which individuals are at the limit of their skills (Steele 2010). A context of pervasive anti-Blackness means that Black people are at risk of devoting fewer cognitive resources to the task at hand, and expending more time being vigilant. In academic settings, this may translate into misallocated study time and detrimental learning strategies in the service of defeating stereotypes (Steele 2010). When Black cognitive time is diverted to extraneous or additional burdens that White counterparts do not face, it undermines material opportunities.

CONCLUSION

I have tried to show how time losses pervade Black lives, and why that is likely to contribute to poor health. The resources that are fundamental to health—money, knowledge, power, prestige, social networks, and freedom—are made scarce or dysfunctional by time loss. Black people are systematically jeopardized in their efforts to obtain, deploy, and retain resources; endure stressors that are caused by, and cause time loss; and find social bonds and cognitive processes compromised by racialized time.

Clearly, there are many more ways than I have covered in which Black people experience time loss. I did not discuss many time-relevant circumstances more proximal to health outcomes. For example, Black people who rely on Medicaid for health insurance will spend more time attempting to access providers because doctors who accept Medicaid are less likely to serve segregated areas where the poor are not White (Greene et al., 2006). I focused instead on experiences that although at some remove from health, are quotidian moments across the life course—so as to reveal the insidious ways time is sapped from Black lived experience.

Bruce Link and Jo Phelan (1995) contend that intervening on proximal causes of disease such as diet or alcohol consumption are unlikely to be successful without addressing fundamental causes. Foregrounding racially disparate experiences of time provides a new way to conceptualize distal causes of health inequalities, and reinforces social linkages between race and health in ways that are not reducible to socioeconomic position. Empirical research is needed to assess how time affects the health of Black populations, though time is a difficult explanatory variable to operationalize. Fruitful avenues for future research could include health questions in national surveys like the American Time Use Survey, or time questions in health assessments such as NHANES. Some research has shown that the health of White residents benefits from living in contexts where the White-Black health disparity is worse (Subramanian et al., 2005); studies could investigate the possibility that this patterning reflects the transferring of time from one set of lives to another that Mills (2014) postulates.

One question remains: How should we intervene? Turning attention to fundamental causes could mean directing interventions to the food industry rather than to individual fruit and vegetable consumption. But if the experience of time is a distal force that produces conditions detrimental to health, we cannot simply give people more lived time. But Black people have been subverting time losses by “buying time” where possible; the problem is that this often comes at some cost to health. For example, smoking, alcohol use, and low frequency of eating balanced meals may lessen the probability of depression in the face of life stress (Mezuk et al., 2010), but increase physical morbidity and mortality risk. Consumption that harms physical health assists individuals—buys time—in coping with painful emotional and mental states that are felt more immediately (Jackson et al., 2010). Consumption of this sort is enabled by environments that are saturated with convenient, inexpensive, and energy-dense but nutrient poor foods and palliatives in the form of alcohol. For that reason, even a seemingly existential and abstract construct like time can ultimately be addressed through structural intervention.

Many of the ways Black people lose time stem from existing structural inequalities—access to employment, housing, and other material resources. Though Black pedestrians lose time crossing city streets, motorists cannot be legislated into recognizing Black humanity. But traffic infrastructure and laws can and should ensure all have equal rights to the street. “Health in All Policies” approaches to public health emphasize the importance of policymakers considering the health implications of social policies and are beginning to have an impact in U.S. cities (e.g., see Corburn et al. [2014]). These kinds of interventions are sorely needed to restore equity in access to resources, to the chance for a productive and healthy life, and to time.

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