The role of the Geographies of Health and Wellbeing Research Group in shaping an evolving field over time.

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Abstract
The Geographies of Health and Wellbeing Research Group of the Royal Geographical Association-Institute of British Geographers is perhaps the major professional organisation for health and medical geographers working in the UK. This paper reviews the organisational history and operation of the group, and its forerunners, and its role in shaping the development of the geographies of health and wellbeing, since its inaugural symposium in 1972, marking its 50th Anniversary.

Keywords: Health, Wellbeing, Medical, History

Introduction
The Geographies of Health and Wellbeing Research Group (GHWRG) is one of currently 15 groups of the Royal Geographical Society-Institute of British Geographers (RGS-IBG). The idea of study groups originated in 1961 (Steel, 1983) with the purpose of bringing together geographers with allied interests in research and teaching, produce 'newsletters', host conferences, and largely determine the programme of the annual conference of the Institute (Stoddard, 1983). The paper is not an intellectual history (of concepts, methods etc.) of the subfield. Rather, its aim is more modest, to trace the *organisational* history of the group, and that of its forerunners, and its role in shaping and mediating divergent strands in the sub-discipline since its inception in 1972, to form one part of a Special Issue marking its 50th Anniversary.

A key part of the group's story is its shift from a narrowly focused medical preoccupation with human–environmental relationships of disease towards a more holistic scholarly engagement with the experiences of ill-/health and wellbeing. I trace much of the early activities of the research group through their annual reports in *Area* (established 1969). Additional information was sourced through a variety of other sources, including the group's minutes, Jiscmail list and published articles on the history of health geography. Given the volume of archival material that could have been covered, this is naturally a selective and abridged history. The naming of persons in chair and officer roles is primarily informed by their contributions to the committee, but where relevant, their research preoccupations are touched on, to situate the nature of the group's contributions within the wider sub-discipline. While this is not explicitly an experience-based story, my positionality as a social/health geographer and a former chair of the group must nonetheless be acknowledged. My interest in writing this paper stems from a motivation to honour the collective endeavour of the group over time.

1970s Origins
The origins of the research group can be traced back to a series of discussions by a small group of researchers and those with a professional interest in the subfield of medical geography from the

early 1970s. The interest in medical geography of course long predates this (see Barrett, 2000). This initial group included Andrew Learmonth (Open University), G Melvyn Howe (Strathclyde) and Sheila Bain (Aberdeen), who came together to create an initial 'Medical Geography Working Party' in 1971. Once established, Working Parties were entitled to submit a proposal to develop a fully-fledged 'Study Group'.[1] The drafting of the constitution for a Medical Geography Study Group began in earnest at a one-day Medical Geography conference at University of Strathclyde in September 1972, and was further refined and ratified in 1973. According to Phillips and Moon (1993), at the time of formation, the working group had 21 members, yet its activities were focussed on a relatively small core of committed scholars.

This core group comprised the founding chair, Melvyn Howe (7/4/1920-27/8/2012), who was born in Abercynon, Wales and attended the University of Aberystwyth before joining the RAF in 1940. He served in 1942 in Air Photographic Intelligence in the Mediterranean and Middle East. After returning and completing his degree, he developed a research interest in disease mortality. Following his PhD, he published the *National Atlas of Disease Mortality in the United Kingdom* (1963), on behalf of the IBG. In 1967 he was appointed Professor of Geography at Strathclyde University and served on a variety of other boards including the Medical Geography Committee of the International Geographical Union (IGU).[2]

Learmouth (17/12/1916–16/03/2008) served as co-chair. Born in Edinburgh, Learmouth enrolled in the Royal Army Medical Corps in World War II and was stationed at the 47 British general hospital in Calcutta in 1942. His experiences of organising medical services in tropical conditions would form important strands in his later academic work on malaria. In 1945, he read economics at Edinburgh University, and subsequently became first chair of geography at the Australian National University (detailed in Moon and Kearns, 2019), and then a founder member of the Open University (a position he is likely best known for), and its first professor of geography.[3]

Meanwhile, Bain was a Research Assistant in Geography at the University of Aberdeen, under the direction of Roy Mellor. Beyond her active involvement in leading the activities of the group, her research focused on the geographical variation in psychiatric disorders within households in the North-East of Scotland. The rest of the founding committee was all male, reflecting the limited diversity in the sub-discipline at the time, and included those with a clinical medical background, e.g. Geoffrey E. Ffrench (Central Middlesex Hospital, London).[4] The Draft Constitution of the Working Party was earnestly submitted to the IBG and ratified at their next Council Meeting. The working party thus became a bona fide Study Group from 1973.[5]

The research interests of the committee reflected a largely quantitative, epidemiological focus (with some colonial underpinnings) on mapping and statistically analysing disease and population health. Early medical or epidemiological experience was a key driver for academic interest, driven by an early commitment to welcome medical practitioners into the committee as noted, and a preoccupation with the spatiality of disease within medicine. From the outset, the Working Party (and subsequently 'Study Group') began to contribute to the programme of the IBG Annual Conference (hereafter AC), and thereby take their place in shaping the subfield. Their inaugural session (known as a symposium) on Medical Geography was held in Aberdeen (3-7 January, 1972). It opened with papers from two leading contributors to the group, again reflecting their medical/epidemiological preoccupations. Ffrench presented a paper, '*The influence of industrial medicine on economic geography*', drawing on his experiences as a physician in India and the Near East to explore how Britain's commercial and industrial enterprises during the Colonial Period thrived due to health services provided for both native and European employees. Giggs, a key

contributor to the group, presented a paper on '*The spatial distribution of the psychoses in Nottingham'*.

While this was the first session at the IBG conference, it was by no means the only evidence of activity within this subfield at the time. To illustrate the international interest in medical geography, in August 1972, the IGU was hosting their Biennial Conference at Montreal. In the lead-up to the conference, a three-day symposium on Medical Geography was held at Guelph University, Ontario. The UK was represented once again by Learmonth, Howe and Bain. The papers covered a wide spectrum of disease problems in both Global North and South.

The group also actively sought to reach out to other study groups with allied interests. A joint symposium was convened with the Population Geography Study Group at the 1978 IBG AC at Hull. Seven papers were read at its symposium, *Population and Medical Information Systems*, illustrating its early interest in advancing geospatial population data analysis.[6] This brought the first period of the group to a close, with membership reaching 61.[7]

1980s

In the 1980s, the group's organisational composition shifted, with John Giggs (Nottingham) becoming chair in 1981. It was during this decade that a fledgling interest in the subfield in health services research emerged, as a parallel strand to the medical/epidemiological focus, centred on health-care delivery. The research group played a central role in encouraging this development, as reflected in its membership and activities throughout the decade. One way that it did this was to expand its networks with the Social Geography Study Group with a co-convened symposium at the AC at Lancaster 1980, on *Social Aspects of Health Care Provision*. This was reinforced by a symposium at Leicester in July, arranged jointly with the Society for Social Medicine, which attracted some 40 members. A year later, D. M. Smith (QMC) organised an interdisciplinary session at the AC at Leicester, with a plenary by Dr David Owen, British politician[8] and physician, entitled, *The role of Central Government in Health Service Planning*. In his rhetorical address, he sold the virtues of centralism in the decision-making process and the recruitment of women as key ingredients for the NHS.[9]

The growing interest in health service research within the group and wider sub-discipline was fortified in 1983, when each study group was asked by the IBG to compile a retrospective and prospective paper (five-year plan) on their activities in shaping the subfield. David Phillips (Exeter, S&T from 1982) edited the first of these and drew attention to the emerging strand of health service research, thus expanding on the earlier epidemiological focus. This insight was informed by his work with Alun Joseph, who were co-authoring the seminal text, *Accessibility and Utilization: Geographical perspectives on health care delivery*, published in 1984. His observation also reflected the small but growing strand of scholars who were more comfortably self-identifying as 'health geographers'.

The group also sought to support a wave of new postcolonial theory that was emerging in the 1980s to consider ethnicity and health. In 1983, an international conference, *Ethnic Health Issues*, held at the Nuffield Centre for Health Services Studies (Leeds), was convened by Tom Rathwell and Maggie Pearson, and attended by some 40 participants from interdisciplinary backgrounds. In the opening address, Richard Cooper (Cook County Hospital, Chicago, and Northwestern University) forthrightly refuted the racial origins of differences in disease, pointing instead to the disadvantages and poor

life circumstances which often lead ethnic minorities to have poor health status.[10] This event would lead to a book, *Health, Race and Ethnicity* (Croom Helm, 1987), edited by Rathwell and Phillips.

The role of the MGSG as a stimulator of international research in medical and health geography grew considerably in the mid-1980s. This was through a series of events which culminated in the flagship conference, the *International Medical Geography Symposium* (IMGS) in 1985. The seed for the event was planted a year earlier at a Nuffield conference on the theme, '*A Geography of Health Care*'. It was at this meeting that the blueprint for the international joint symposium was agreed with members of the American Association of Geographers (AAG) Medical Geography Specialty Group, to be held at Nottingham the following summer.[11]

The first IMGS, convened by John Giggs with assistance from Phillips, sought to encourage a friendly and supportive meeting for the international group of delegates. The IBG made funds available to support the attendance of post-graduates, which helped crystallise the success of the event further. It was a week-long event with 50 delegates (about half from North America) with a fieldtrip around Nottingham on the Wednesday, which proved to be a highlight for delegates either side of the Atlantic. Two further IMGS conferences would take place in the 1980s, at Rutgers University, US, (1986) and at Queen's University in Kingston, Ontario (1988). Its subsequent expansion to European and Global South geographers would later contribute to its reputation as the flagship health/medical geography conference which has continued to this day (see Moon and Sabel, 2019, for a detailed historical appraisal).

By 1987, at the AC in Portsmouth, Graham Moon and Graham Bentham convened a session, *Current Research Directions in Medical Geography,* designed specifically to reflect the parallel strands of research within the group, namely 'health' and 'medical' geography.[12] This was a point highlighted by Giggs in the second MGSG review of the subfield in 1987, where he claimed that health service research had gained equal parity with disease ecology. A key reason underpinning this change was the context in which they worked, with the decade characterised by economic downturn and several public health threats, namely HIV, alongside political efforts to embed efficiencies in the NHS. It was thus a fertile period for British medical geographers, which members of the MGSG sought to galvanise (Phillips and Moon, 1992). The deep recessions and low employment rates had a large and lasting effect on employment and subsequent health disparities within the population.[13] Giggs chaired the proceedings of a session at the 1988 AC in Loughborough, focused on the widening gap in morbidity rates in the inner cities and the rest of the country. Meanwhile, HIV was killing thousands of people and had sparked fear and prejudice**.** Given the paucity of medical knowledge at the time, the group established a thematic working group, 'The Geography of AIDS' in 1988 and held meetings to explore possible avenues of research.[14]

Another important theme that caught the attention of several health geographers towards the end of the decade was care provision in an ageing society. Andrew Sixsmith (Liverpool) organised a meeting, '*Geographical perspectives on health and the elderly',* at Liverpool in 1989 (the same year that David Phillips became Chair[15]). This was a joint venture with the Institute of Human Ageing, Liverpool University and had a strong Canadian contingent.

Despite the growing interest in health services geography, MGSG's strong coupling with medical geography remained steadfast throughout this period, when Andrew Lovett (Lancaster), a subsequent chair, initiated a study group conference, *Quantitative Applications in Medical Geography*. This was co-convened with the Quantitative Methods Study Group at Lancaster in September 1988. This brought together medical geographers, statisticians and community medicine specialists from the health services to advance applications of geographical information systems

(GIS) and statistical techniques in health.[16] By the end of the decade, the committee was busy working on its future programme of activities, which we turn to next.

1990s

The 1990s saw the group (which was by now up to 83 members) continue to expand its already strong cross-disciplinary links with the health professions (Phillips and Moon, 1992). One example was at the AC in Glasgow 1990, where health researchers working inside the NHS contributed to the session, *Women's and Children's Health*, convened by Tony Gatrell (Lancaster). Similarly, for the group's summer meeting in 1991, the Group reconvened at UEA in collaboration with the Faculty of Public Health Medicine to examine the role of GIS in public health. This featured papers predominantly by medical geographers delivered to an audience mainly comprised of consultants in public health medicine – indicative of the group's strong professional links.

Thanks to analysis by Lawler and Walker (1991, cited in Phillips and Moon, 1992), it is possible to see the interests of MGSG members within a broader geographical frame at this time. The co-memberships of its members suggested a strong link with social geography and an unusually strong allegiance to an area focus on Global South. The data also suggested strong overlaps with population studies (mortality and fertility) and quantitative methods (epidemiological analyses and health-based GIS), which reflected the continued dual coupling within the group.

In 1992, Will Gesler's seminal text, *Therapeutic Landscapes*, helped spur a wider interest that was emerging in health enabling spaces and motivated people to consider a wider cross-section of research methodologies, seeking to explore people's personal experiences of health. Judging the mood at the time for this shift, Graham Moon (formerly S/T; chair from 1992), led the group's name change to the Geography of Health Research Group (GHRG) in 1994 (followed by founding the journal, *Health & Place* in 1995). This was a pivotal moment which helped crystalise the group's growing influence in mediating research beyond disease ecology and heralding a future de-coupling of medical geography from within the group.

A year later, three PhD students at the University of Sheffield (Julia Jones, Judith Bush and Dawn Thompson), who had been supported by the former MGSG to attend the IMGS the year previously at UEA[17], were motivated to create a postgraduate conference for health geographers, titled '*Young Researchers in the Geography of Health*' (22-23 June 1995, Sheffield). Contributors included many budding scholars who would become household-names in the discipline (see Bromley and Foley, 1996). The conference gained support from the GHRG, and has since been held annually, then biennially (more or less) from 2006, and hosted by different departments across the UK (and subsequently overseas). It became a highly successful and increasingly influential conference, partly due to its friendly and relaxed atmosphere. It was subsequently retitled '*Emerging and New Researchers in the Geographies of Health and Impairment*' (ENRGHI) in 1998, since many budding scholars could lay no claim to being young.

The RGS and the IBG which had co-existed for 60 years merged in January 1995 (coinciding with the ending of research group reports in Area, which had been a staple of the journal). To mark the merger, the Group held a seminar, *Geographical Perspectives on Global Health Issues,* at the RGS-IBG, London. One of its organisers, Sarah Curtis (Durham), became Chair in 1996. As an emerging scholar examining how socio-geographical processes contribute to health inequalities, her tenure would see the start of several women scholars who would take up the mantle of leading the group, signalling the growing gender balance in the subfield. Sarah presided over several 'bumper' years (Asthana, 1996) with the newly established postgraduate conference firmly on the academic calendar, in addition to the sponsored sessions at the AC. In 1996, IMGS was also convened at

Portsmouth, as well as a mid-year conference co-organised with the British Medical Anthropological Review on *Space and Time in Sickness and Health* (hosted by QMUL).

Sheena Asthana (Plymouth) became chair in 1999, following the usual trajectory from S/T. With an initial focus on global public health, Sheena became a leading figure in UK public health and health services research. During her tenure, the group continued to maintain an active presence at the AC, as well as co-sponsoring ENRGHI. The following year, in a fitting end to the decade, the group organised an AC session entitled *Reflections on Health Geography at the Millennium*.

2000s

The new millennium sparked many new group contributions to the subfield. Andrew Lovett (UEA) became chair in 2002. His research interests in GIS, landscape visualisation and statistical techniques served as an important reminder that sophisticated statistical modelling remained a core focus of the subfield perhaps more than many other areas of human geography. This would continue as a discrete strand of interest within the group.

At this time, I should also note my own introduction to the research group. After attending the ENRGHI conference at Cambridge and the IMGS at Manchester in 2003 (delayed by a year due to US colleagues being reluctant to travel after the 9/11 attacks in 2001), I was encouraged to co-organise an ENRGHI conference with the group's sponsorship at Maynooth University in Ireland the following year, the first time it had been organised overseas.

The group's ability to influence the subfield also expanded through a fledgling GHRG website,[18] (initiated by Steve Cummins, LSHTM), followed by the establishment of the JISCmail website in 2005. This became the main posting site for the group, supported initially by Samantha Cockings (Southampton). The online visibility sparked a steady expansion of interest in the group, with 329 members of the GHRG Jiscmail list and 201 official members of GHRG. Indeed, by the end of the decade, the group also sought entries for a GHRG logo competition, illustrating the growing importance of its visible brand.

The group continued to be a core vehicle for advancing women academics in the subfield for the remainder of the decade (and mid-way through the next). Jan Rigby became chair in 2005 and led an almost all-women cast, signalling a closer gender balance in the subfield (although still largely the preserve of white Anglophone scholars), with Christine Milligan (Lancaster) serving as Vice Chair, and Samantha Cockings as S/T. During Jan's tenure, the group continued to have a robust engagement at the AC and in co-sponsoring ENRGHI, which continued under Christine Dunn's (Durham) subsequent tenure as Chair from 2007.

Two discrete strands of health geography continued to evolve under the group's broad banner – the geospatial mapping of disease/population health (noted above) and the personal experiences of ill-/health. These were both represented within the group, by Christine Dunn's interests in participatory GIS of disease and Christine Milligan's (vice-chair) interests in the experiences of family caregiving and ageing within the home. While methodologies and the scale of enquiry differed, the group appeared to appreciate the merits of both strands and were willing to encourage engagement with each of them. Moreover, the group did not lose sight of the fundamental impacts of the social conditions underpinning inequalities in health. This important focus was reflected in the group's hosting of a prestigious evening lecture at the RGS-IBG in London, 2009. The invited speaker was Prof. Sir Michael Marmot, Department of Epidemiology and Public Health, UCL, who would subsequently chair the 'Marmot Review' on evidence-based strategies for reducing health

inequalities in England. Introduced by Graham Moon, Marmot's talk, *Global Health*, began by exploring national through to global patterns of health inequality. It marked a fitting end to a busy decade for the group and its efforts to stimulate debate within the subfield.

2010 – present

In the 2010s, the decoupling of medical geography from the group would become largely complete, although the group continued to endorse its dual focus on population health and the more private, personal experiences of health, disability, ageing and care. While at times difficult to reconcile this disparate focus, Nicola Shelton (UCL) embraced this under her stewardship from 2010, evident in the group's support of a wide range of activities. On 22nd April 2010, an event was held in Edinburgh on the *Geographies of Mental Health* by Jamie Pearce and Niamh Shortt (Communications rep.). *ENRGHI* took place in the fabulous setting of the Geography Institute of Paris (10th–11th June). Shortly afterwards, in July, a GHRG conference, *Geographies of Disability and Ageing,* was organised by Christine Milligan in Lancaster. Finally, in October of that year, Claire Thompson (QMUL), who was newly elected as GHRG postgraduate representative, won the Mary Langman prize. This was for an essay that furthers the lessons learnt about the social, emotional and environmental contribution to health. This continued through 2011, with Tim Brown (S/T) and Kate Jones convening a series of *Environment and Health Workshops* on behalf of GHRG.

By 2012, the economic downturn and austerity had bitten, and health geographers were turning their attention to the impacts this was having upon individual's and local communities' physical and mental health. To capture this national concern, Steven Toole (Public Affairs and Policy Manager, RGS-IBG) and I organised a GHRG policy seminar, *What keeps the UK healthy? Geographical perspectives on work and worklessness.* This brought together key stakeholders from government agencies, practitioners, local government, NGOs, and researchers. It examined case-studies across the country seeking to address these challenges and underscored how health geography (still) matters.[19]

The research group considered how its scope could be widened further in 2013 under the helm of Clare Herrick (KCL), to encourage engagement with social and cultural geographers with allied interests in wellbeing. Despite this sentiment, no alternative rebranding was suggested, yet it planted a seed for considering how it could reorientate its focus. The group nonetheless capitalised on the expansion of sponsored sessions at the AC to 12 sessions (up to circa. 2007, research groups were limited to 5 sponsored or co-sponsored sessions each), providing the opportunity to reach out to a wider audience, but reduced the need for a mid-year conference which was dropped.

The group's explicit orientation towards supporting research on the experiences of wellbeing would come in 2015, following my own appointment as chair. I was keen to reignite interest in broadening the groups' reach and initiated the change to the 'Geographies of Health and Wellbeing Research Group' (GHWRG). This was unanimously supported by members, and so the group went through its second make over. This marked the culmination of the group's growing endorsement of the sub-discipline's theoretical leanings towards the experiences of wellbeing in space and place. It also positioned itself more centrally as a progenitor of more participatory and creative methodologies and cultural research in the subfield. This was reflected in the revival of the GHWRG research group conferences. Inspired by the 'hack day' idea, used by software developers, to offer a space for developing skills and problem-solving issues, the first GHWRG Hack Day *In-Situ Methodologies in Geographies of Health & Wellbeing* (co-organised with Ronan Foley, Sarah Bell, and myself) was held in 2018 at RGS-IBG in London.

Another activity, initiated by Ailie Tam (UEA) was the *GHRWG Journeys* series. This involved inviting several leading scholars working across the subfield to write informal blogs for the GHWRG website, tracing their early experiences of being a health geographer and sharing their key lessons. This series helped to identify the diverse research interests of scholars in the subfield, with over 20 entries, although it served again to illustrate the persistent lack of ethnic diversity within the subfield.

Richard Gorman (Exeter) stepped into the role of chair in 2018. His interest in arts and humanities approaches to inform ethical thinking about medical practice was illustrative of the group's leanings that were evident in its follow-up hack days – on *Sensitive Participatory Methods* in 2019 (London) and *When Research Gets Personal* in 2020 (online due to the Covid19 pandemic). With the arrival of the Covid19 pandemic in 2020, the research group also established its 'Little Acts of Kindness' initiative, led by Gabrielle King, which involved inviting people to nominate a colleague who would be sent a small treat in the post – a fitting illustration of the group's commitment to wellbeing as both a research theme and a concern for scholars working in the subfield at the end of the decade.

Conclusion

From its origins 50 years ago, the GHWRG has grown to be a thriving, dynamic and supportive group, very much fulfilling its founders' initial ambitions. The paper reveals how the medical-health coupling/decoupling has been a key part of the group's history and that of the wider subfield. Through its activities and preoccupations, it is possible to trace its passage from its medical/epidemiological focus in the 1970s, a parallel medical and health service focus through the 1980s, a recognition of health enabling spaces from the 1990s, and a growing endorsement of a holistic wellbeing perspective from the 2000s. Its evolution should be understood as a broad characterisation and incomplete, as the group has always sought to absorb and sponsor diverse strands within the subfield, including more public health interests. It is fitting to look back and revisit the group's valuable role in mediating the evolution of these strands in the wider subfield and instigating and endorsing emerging research agendas. The diversity of research backgrounds of the people involved and the group's contributions to the subfield helps illustrate the collective endeavour of health geography. This involvement demonstrates the continual support that each wave of scholars passed on to each other. It is not the purpose of this paper to provide a prospective look forward, but this ongoing support suggests a continued bright future.

References

Barrett, F (2000) Disease and geography: the history of an idea, *Geographical Monographs*, 23, Toronto, York University-Atkinson College. ISBN: 9781550143966.

Bromley, H and Foley, R. (1996) Conference report: Young Researchers of the Geography of Health, University of Sheffield, 22-23 June, 1995, News and Notices, *Health & Place*, 2(1) 59-64. https://doi.org/10.1016/S1353-8292(96)90015-5

Moon, G, Kearns R (2019) Health geography in New Zealand and Australia: global integration or Antipodean exceptionalism? *Geographical Research* 57 (1), 8-23. https://doi.org/10.1111/1745-5871.12336

Moon, G. and Sabel, C. (2019) Presenting Health and Medical Geography: people, places and change, *Geography Journal*, 185: 459-471. https://doi.org/10.1111/geoj.12319

Phillips, D. R., & Moon, G. (1992). Medical geography in the United Kingdom: the role and function of the Institute of British Geographers Medical Geography Study Group in the 1980s and 1990s. *Geographia Medica*, 22, 7-15. No DOI.

Steel, R.W. (1983) *The Institute of British Geographers: the first fifty years*. London: The Institute of British Geographers.

Stoddard, D.R. (1983) Progress in Geography: The Record of the I.B.G. *Transactions*, 8(1): 1-13. https://doi.org/10.2307/622270

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[1] IBG (1972) IBG Annual Conference Report, *Area*, 4(1): 52-43. https://www.jstor.org/stable/20000618
[2] *Howe, George Melvyn, 1920-2012*, (n.d.) https://atom.lib.strath.ac.uk/howe-george-melvyn-1920-2012-professor-of-geography-1920-2012
[3] Wilkinson, A. (2008) Andrew Learmouth, *The Guardian*, 22 Apr. https://www.theguardian.com/education/2008/apr/22/openuniversity
[4] These comprised: Nigel Copperthwaite (Bradford), John Giggs (Nottingham), Eric Rawstron (QMC London), Brian Southgate (SHTM London), Jonathon Young (Durham), and Geoffrey E. Ffrench (Central Middlesex Hospital, London). See also *Obituary of Geoffrey E. Ffrench*, https://history.rcplondon.ac.uk/inspiring-physicians/geoffrey-ernest-ffrench
[5] Bain, S. (1973) MGSG Report 1982, *Area*, 5(1): 74-78. https://www.jstor.org/stable/20000024
[6] Bain, S. (1978) MGSG report, *Area*, 10(1): 69-75. https://www.jstor.org/stable/20001303
[7] Young, J (1979) MGSG report 1978, *Area*, 11(1): 22-28. https://www.jstor.org/stable/20001427
[8] Owen served as Minister of State for Health in July 1974, and then Secretary of State for Foreign and Commonwealth Affairs as a Labour Party MP under James Callaghan from 1977 to 1979.
[9] Johnson, M.R.D (1981) The Geography of the National Health Service and Health and Disease in Developing Countries, *Area*, 13(1): 66-67. https://www.jstor.org/stable/20001666
[10] Phillips, D. (1983) MGSG Report 1982, *Area*. 15(4): 359-370. https://www.jstor.org/stable/20001974
[11] Phillips, D. (1984) Applied Medical Geography¸ *Area*, 16(1): 82-83. https://www.jstor.org/stable/20002017
[12] Bentham, G. and Moon, G. (1987) Current Research Directions in Medical Geography*, Area*, 19(2): 185. https://www.jstor.org/stable/20002433
[13] Bentham, G. (1988) Urban Health and Health Care, *Area*, 20(2): 194. https://www.jstor.org/stable/20002605
[14] Bentham, G. (1988) MGSG Report 1988, Area, 20(4): 381-392. https://www.jstor.org/stable/20002661
[15] *David Phillips* (2009) Profile: David Phillips, https://aag-hmgsg.org/profiles-of-health-geographers/profile-david-phillips/
[16] Bentham, G. (1989) MGSG Report 1989, *Area*, 21(4): 442. https://www.jstor.org/stable/20000080
[17] Moon, G. (1990) GHRG Report 1990, *Area*, 22(4): 403-415. https://www.jstor.org/stable/20002909
[18] GHRG (2009) New GHRG blog, https://ghrg.wordpress.com/2009/02/
[19] Toole, S. and Power, A. (2012) What keeps the UK healthy? Geographical perspectives on work and worklessness, JISCMail, https://www.jiscmail.ac.uk/cgi-bin/wa-jisc.exe?A2=ind1210&L=GHWRG&O=D&P=50