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## College of Liberal Arts

Department of Anthropology



# The Value of the Dead: The Commodification of Corpses in Western Culture

by Charles Z. Wallace

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Since the 19th century, the deceased human body and its parts have been increasingly dehumanized, objectified, and commodified in Western culture. This has largely been due to radical advancements in Western medicine and science, which has created and fueled the enormous demand for corpses and their parts, resulting in the establishment of profitable business opportunities such as the 19th-century body snatching phenomenon as well as modern-day organ procurement and research studies. Thus, in a relatively short period of time, the corpse became, and continues to be, a highly valuable source of both economic and cultural capital for scientific and medical researchers, numerous industries, and much of society.

Although there are undoubtedly numerous examples of humans profiting from the physical remains of deceased humans in various manners and locations throughout history, the phenomenon was not especially prevalent in Western culture until the early- to mid-19th century, when the field of surgery, anatomical research, and human dissection intensified in medical schools throughout France, the United Kingdom, and United States (Doughty 2015, 129; Hight 2005, 419; Montillo 2013, 207; Sharp 2000, 295). During this period, anatomists and their students, who were constantly looking for fresh corpses (i.e., cadavers) to dissect for research and educational purposes, dehumanized and objectified corpses, transforming them into valuable commodities as the demand for them increased (Hight 2005, 419; Montillo 2013, 73; Sharp 2000, 293; Sharp 2001, 115). As a result, the corpse not only became a source of economic capital (i.e., money) to body snatchers but also cultural capital (i.e., medical and scientific knowledge) to doctors, lecturers, students, and researchers who were, and still are, trying to discover new ways of delaying or preventing the inevitability of death for themselves and others (Bourdieu 2010, 82).

In Paris, France, cadavers were in abundant supply during the 1800s (Montillo 2013, 69) and could be legally purchased by doctor for approximately six dollars at the *École Pratique d'Anatomie* (Aptowicz 2015, 15). These easily acquired cadavers allowed for dissections on a regular basis, helping the Parisians to establish their cutting-edge dominance in anatomical and surgical research at the time, which lured many foreign medical students, such as American surgeon Dr. Thomas Mütter, into the city for their studies (Aptowicz 2015, 13, 15; Valentine 2017, 72-73). However, cadavers were not so easily sourced in the United Kingdom and United States.

In England, the only way a doctor could legally obtain a cadaver was through the gallows, where criminals were publically executed, meaning there was an immense shortage of cadavers to dissect (Montillo 2013, 69; Valentine 2017, 74). To solve this dilemma, brazen individuals—who became known as “body snatchers,” “resurrectionists,” “sack-em-up-men,” or “resurrection men”—resorted to disinterring, stealing, and selling freshly buried corpses from cemeteries located near medical schools to help satisfy the rapidly increasing demand for them (Aptowicz 2015, 15; Doughty 2015, 129; Montillo 2013, 69-71; Valentine 2017, 75). Although stealing corpses from graveyards to dissect was not considered a significant criminal offense prior to the enactment of England’s Anatomy Act, most of society—particularly followers of Christianity, who believed the corpse needed to remain intact

for Judgement Day to ensure one's passage to Heaven—still viewed it as a deplorable, sacrilegious act (Montillo 2013, 70, 84; Valentine 2017, 74-75). Thus, the body snatchers served as invaluable middlemen for the doctors, who, in exchange for money, could regularly acquire cadavers during the winter months (when decomposition was slower) without tainting their professional reputations or getting arrested for trespassing, which was a crime (Montillo 2013, 70; Valentine 2017, 75-76).

Since the profit that body snatchers could make off of each corpse was sometimes worth more than several weeks' pay in another line of unskilled work, gangs of body snatchers quickly multiplied throughout London and its suburbs as word spread and the demand continued to increase (Montillo 2013, 70-71; Valentine 2017, 75). Consequently, a significant shift in the treatment and perception of the traditionally sacred corpse occurred, as Roseanne Montillo (2013) mentions:

*There was no pretense that the corpses themselves had led lives, however difficult or distasteful, prior to their deaths. They were, according to Ruth Richardson, who wrote extensively about resurrectionist life, 'bought and sold, they were touted, priced, haggled over, negotiated for, discussed in terms of supply and demand, delivered, imported, exported, transported . . . compressed into boxes, packed in sawdust, packed in hay, trussed up in sacks, roped up like hams, sew in canvas, packed in cases, casks, barrels, crates and hampers, salted, pickled or injected with preservatives. They were carried in carts, in wagons, in burrows, and steamboats; manhandled, damaged in transit, and hidden under loads of vegetables. They were stored in cellars and quays. Human bodies were dismembered and sold in pieces, or measured and sold by the inch.' Bodies had just become objects and things. The living had very carefully removed all feelings associated with the dead. [72-73].*

Additionally, after doctors finished their dissections, the cadaver's remains were either incinerated, interred or reinterred in unmarked graves (Montillo 2013, 227), or used as dog food (Aptowicz 2015, 15). In short, the corpse was no longer viewed as something sacred to the body snatchers who were selling them nor to the doctors who were buying and dissecting them. Instead the corpse was dehumanized, stripped of its dignity, and treated as any other object, commodity, or resource that could be exchanged for capital and discarded after consumption.

In the early 1820s, the United States, much like the United Kingdom, also saw a significant rise in body snatching, particularly following the implementation of a new medical licensing system designed to professionalize the field and put an end to quackery (Hight 2005, 418-419). This transition resulted in a transformation of the curriculum and teaching methods in American medical schools, and students were now demanding the opportunity to actively participate in the dissection of cadavers like their Parisian counterparts to improve their skills and knowledge through hands-on training (Hight 2005, 418-419; Montillo 2013, 69).

Competition between medical schools also began to increase, and the schools that had greater access to a reliable supply of cadavers were more likely to attract students (Hight 2005, 424). Thus, anatomical research and the number of dissections being performed quickly increased in American medical schools, fueling the demand for fresh cadavers and the need for body snatching. On average, American body snatchers were fetching approximately thirteen dollars per corpse at the time, making for a rather lucrative occupation (Hight 2005, 418-419).

Graves lacking markers of personal identification were among the most susceptible to predation by body snatchers, largely because it suggested, at least symbolically, that these corpses had been abandoned by their communities, friends, and families; therefore, the body snatchers used this to justify their desecration of the grave and its contents and hoped that the public would be less upset by their immoral actions (Hight 2005, 418, 420; Montillo 2013, 71, 276). Like many of the corpses snatched in the United Kingdom, most of those in America belonged to individuals of low socioeconomic status—especially African-Americans—who had been subjected to heinous acts of discrimination in life and were more likely to lack the means to afford the expenses of costly burial practices (Hight 2005, 418-421; Sharp 2000, 296).

Furthermore, the wealthier members of society in both the U.S. and U.K. were more likely to be buried in guarded cemeteries or could afford to purchase expensive theft prevention devices—such as metal coffins and barred metal cages (i.e., mortsafes or “coffin-collars”)—to protect their graves, coffins, and remains from being robbed by body snatchers (Hight 2005, 420-421; Montillo 2013, 207-208; Valentine 2017, 77). Thus, non-Whites and the indigent outcasts of society were not only more susceptible to marginalization, exploitation, dehumanization, and disenfranchisement in life but suddenly in death as well, where they ironically became rather valuable objects (Hight 2005, 421; Sharp 2000, 296).

It did not take long before some deranged individuals overseas took this macabre trade to a new, more reprehensible extreme. Near the end of the 1820s, William Burke and William Hare of Edinburgh, Scotland, murdered at least sixteen people—many of whom were prostitutes, elderly, or homeless alcoholics—so they could sell the deceased bodies of their victims to anatomists in the area, though most were purchased by the highest bidder: Dr. Robert Knox of Barclay’s Anatomy School in Surgeon’s Square, who needed a steady supply of cadavers for teaching his nearly five-hundred students in his large lectures (Doughty 2015, 129; Montillo 2013, 217, 219-221). Soon after, another murderous duo by the names of Bishop and Williams struck London, England. Like Burke and Hare, Bishop and Williams murdered several people, including a young boy from Italy, to profit from their remains (Montillo 2013, 233). The horrific news was the last straw for the shaken citizens of London. Determined to end the madness of body snatching and murdering people for their corpses once and for all, Parliament finally succeeded in passing the Anatomy Act in 1832 (Montillo 2013, 233-234).

The Anatomy Act in England, according to Montillo (2013), “made it legal for any ‘member or fellow of any college of physicians or surgeons’ to examine the body of anyone who had died and whose body they had received” (235). Additionally, anatomists and medical students now had direct access to the corpses they desired, which were now mostly unclaimed bodies sourced from hospitals, death houses, and the streets, or from surviving family members of the deceased; thus, the need for body snatchers in England was, for the most part, terminated (Montillo 2013, 235-236; Valentine 2017, 77). The United States, on the other hand, did not yet have any federal laws in place resembling the Anatomy Act. Instead, any existing laws related to body snatching and the use of corpses were established and enforced by individual states (Montillo 2013, 276).

In 1831, Massachusetts became the first state to enact a law which allowed medical schools to use unclaimed corpses for their dissections (Montillo 2013, 276). By the time New York state introduced its own anatomy act in 1854, body snatchers in New York City had been stealing and selling as many as seven-hundred corpses per year (Hight 2005, 425). Thus, over the following years and decades, legislators enacted laws throughout the country which regulated the use and acquisition of corpses in the hope of ending body snatching and preventing a Burke and Hare scenario from occurring in America (Montillo 2013, 277). As a result, the prevalence of body snatching in America substantially decreased by the 1920s (Montillo 2013, 277), and many medical schools began sourcing their cadavers from hospitals and almshouses (Hight 2005, 421). These laws, in addition to the increasing popularity of donating one’s body to science (Hight 2005, 425), significantly reduced the prevalence of body snatching in the United Kingdom and United States as the 20th century progressed. However, science and medicine continued to progress at a blinding rate. As a result, the demand for corpses and their parts only intensified (Montillo 2013, 278), as did their cultural and economic capital. While dissections of the corpse for medical research and teaching purposes continued, corpses—particularly those donated to science—began to take on new, more radical roles in the middle of the 20th century.

In the 1950s, bioengineers and automobile manufacturers in the United States, such as General Motors (GM), started using cadavers for crash test research to improve the safety of vehicles and reduce the number of fatalities in collisions (Roach 2004, 87, 88, 92). This led to numerous innovations over the years, the first being a new type of windshield glass that greatly reduced the risk of head injuries and facial lacerations (Roach 2004, 88). Additionally, GM used cadavers to develop the first collapsible steering column, which reduced the risk of drivers suffering from fatal chest injuries in a head-on collision by 50% (Roach 2004, 91). Cadavers were also used to research and develop lap-shoulder seat belts, padded dashboards, recessed radio knobs, and air bags (Roach 2004, 92). As Mary Roach (2004) argues:

*It [cadaver research] is not pretty, but it is most certainly justifiable. Because of changes that have come about as a result of cadaver studies, it's now possible to survive a head-on crash into a wall at 60 mph. In a 1995 Journal of Trauma article entitled 'Humanitarian Benefits of Cadaver Research on Injury Prevention,' Albert King calculated that vehicle safety improvements that have come about as a result of cadaver research have saved an estimated 8,500 lives each year since 1987. For every cadaver that rode the crash sleds to test three-point seat belts, 61 lives per year have been saved. For every cadaver that took an air bag in the face, 147 people per year survive otherwise fatal head-ons. For every corpse whose head has hammered a windshield, 68 lives per year are saved [92].*

In short, occupants of vehicles are far less likely to suffer fatal injuries today than they were in the past due to the invaluable research data that cadavers have provided. In addition, these kinds of studies and safety improvements that benefit the living extend well beyond the automotive industry; cadavers have even been tossed out of airplanes to test and improve parachutes (Doughty 2015, 128).

However, not all cadaver research studies use whole bodies. Many only use fragments, often because they are easier to obtain or more practical to work with (Roach 2004, 106-107). Furthermore, in the United Kingdom, it is still taboo and, in fact, illegal to distribute or use intact cadavers for research purposes; instead, one or more of its appendages must first be removed (Valentine 2017, 211-212, 225). This may seem somewhat ironic considering the greatest fear surrounding human dissection in Western culture during the 19th Century was the fragmentation of the body. However, as Roach (2004) points out,

*If you want people to feel comfortable about dead bodies, cut them into pieces. . . . A human leg has no face, no eyes, no hands that once held babies or stroked a lover's cheek. It's difficult to associate it with the living person from which it came. . . . The anonymity of body parts facilitates the necessary dissociations of cadaveric research, [104-105].*

Although it is legal to use whole cadavers for research in the United States, anonymization and dehumanization of the corpse is still common practice. According to Roach (2004), research cadavers in the U.S. may be fitted with a hood on their head and mittens on their hands, both made of white cotton (97-98), and given non-human names such as "UM 006" (98). In short, stripping the corpse of its personhood and humanity in both the United States and United Kingdom is done to alleviate lingering social disapproval and anxieties related to the trade and use of dead persons for research (Roach 2004, 104-105; Valentine 2017, 211-212, 225); the wide variety of enormous societal benefits gained by using cadavers for research is another factor which helped make it more socio-culturally acceptable and legal (Joralemon 1995, 339).

This cultural acceptance has ultimately given companies and researchers the freedom to continue their profitable pursuits. For example, American manufacturers engaged in cadaver research have been able to increase their profits by marketing the improved safety of their products to consumers. Additionally, the numerous companies in the body broker industry (e.g., Science Support) who receive intact corpses (i.e., bodies donated to science), chop them into pieces, and distribute their parts to researchers are also profiting from the physical remains of the dead (Doughty 2015, 127-128). Thus, the corpse has once again proven to be a valuable commodity by producing cultural capital for scientists and society—namely by improving and prolonging the lives of the living thanks to the immense knowledge they provide—and economic capital for researchers, businesses, and corporations. However, the physical remains of humans became even more valuable following a revolutionary medical and scientific advancement in the mid-20th century.

In 1954, surgeons successfully transplanted a human organ (kidney) for the first time in history, followed by the heart, liver, and pancreas by 1968 (United Network for Organ Sharing n.d.; United States Department of Health & Human Services n.d.). The successful transplantation of human organs was a monumental achievement for the fields of medicine and science, as it brought humanity one step closer to preventing mortality. Diseased organs could now be swapped out for healthier ones—like an automobile mechanic replacing a faulty starter or fuel pump—thus allowing organ recipients to avoid what would have been

certain death, albeit only temporarily. However, organ transplantation meant that the “corpse” and its parts would encounter new forms of objectification and commodification as the practice rapidly progressed.

Less than a decade after the first successful organ transplant, the first brain-dead donor was used for organ procurement in 1963 (United States Department of Health & Human Services n.d.), revolutionizing the way death, personhood, and the human body are treated and perceived (Ohnuki et al. 1994, 234-236, 239; Sharp 2000, 304). Instead of obtaining organs from the cadavers of recently deceased donors, clinical professionals started procuring them from living donors who were being kept alive in a liminal state of existence—i.e., in some place between life and death—known as “brain death” with the assistance of complex life support machines (Scheper-Hughes 2000, 200; Sharp 2000, 304-305). These brain-dead donors, as Leslie Sharp (2000) mentions, “are warm to the touch, they breath [sic], many of their organs still function properly, and like other patients receiving intensive care, they take in fluids and other forms of nourishment” (304). In addition, these patients are not considered to be completely, biologically dead until their organs have been removed and the respirator machine has been disconnected; essentially, they are “still-warm corpses,” or “living cadavers,” who have been “transformed into sources of viable commodities” for their valuable parts (Sharp 2000, 305).

Thus, the commodification of human remains is no longer limited to the dead; it has extended to the living as well. It is also worth mentioning that brain death is a culturally constructed medical condition and, because most Americans are seemingly willing to recognize and accept brain death as a legitimate medical condition, it “provides a sympathetic environment for American medical professionals to pursue transplantation of organs and tissues from the brain-dead at an ever-increasing pace” (Ohnuki et al. 1994: 234). From the perspective of many medical professionals and surgeons, a human organ is simply “an expensive ‘object’ of health” (Scheper-Hughes 2000, 197) that can be extracted, shipped, and replaced. The parents, children, siblings, etc., of the deceased donor, however, would probably argue otherwise, as those organs belonged to the person they loved and cared about, but I digress.

Over the past few decades, organ transplant techniques have continued to improve considerably, particularly following the U.S. Food and Drug Administration’s approval of the drug cyclosporine in 1983, which led to a drastic reduction in the occurrence of organ rejection—i.e., when the body of the living recipient rejects the transplanted organ (United Network for Organ Sharing n.d.; United States Department of Health & Human Services n.d.).

As a result, the number of transplants being performed rapidly increased, creating a much greater demand for organs, one that has vastly exceeded the supply (Sharp 2000, 306; Sharp 2001, 116; United Network for Organ Sharing n.d). For example, as of November 2017, there were more than 116,000 people in the United States waiting for an organ transplant, with another person being added to list every ten minutes, yet there were only around 13,500 donors, and this gap has only been growing over the years (United States Health Resources & Services Administration 2017). Not surprisingly, the global shortage of organs—an unfortunate byproduct that would not even exist were it not for the advancements in medicine and science—has caused some individuals throughout the world to turn to the underground economy, where commodified organs are illegally procured, or “snatched,” and trafficked by criminals and purchased for large sums of money by wealthy recipients (Scheper-Hughes 2000, 198

Additionally, some people, particularly those belonging to minority communities, now fear the possibility of being killed or declared brain-dead prematurely solely for the procurement of their highly valuable organs (Joralemon 1995, 340; Sharp 2000, 307). In some respects, this fear is similar to those which existed in the 19th century when people were body snatching or murdering others for their valuable bodies; indeed, there are several striking similarities between the shortage of cadavers in the 19th century and the shortage of organs today.

However, there does not seem to be any feasible solutions available that would satisfy the global demand for organs like there was for corpses. Furthermore, as Nancy Scheper-Hughes (2000) argues, “this scarcity, created by the technicians of transplant

surgery, represents an artificial need, one that can never be satisfied, for underlying it is the unprecedented possibility of extending life indefinitely with the organs of others” (198). While much of this is true, Scheper-Hughes fails to consider the possibility of growing organs in laboratories, so it may be possible to satisfy the demand someday. (To her credit, her article was published before these developments.) Of course, having an unlimited supply of organs would lead to countless, more serious problems—i.e., those associated with overpopulation and sustainability. The increasing lifespan of humans is already causing devastating effects on the planet; one can only imagine what kinds of repercussions this would bring. Unfortunately, many people in the West have a difficult time coming to terms with their mortality, but humans—like all living animals—need to die at some point in order to maintain an ecological equilibrium.

To conclude, the 19th century marked a significant turning point in Western culture. Anatomists and medical students in France, the United Kingdom, and United States—all capitalist societies—made human dissection an increasingly common practice, which suddenly created a large demand for corpses. The short supply at the time led to the emergence of body snatchers who, along with medical professionals and students, transformed the human corpse from something sacred into a valuable, objectified commodity which could be bought, sold, traded, and consumed. Thus, the bodies of the deceased—frequently those belonging to the marginalized outcasts of society—became a source of economic and cultural capital after being stripped of their dignity and personhood. Although instances of body snatching in Western culture have significantly reduced over the last century due to the implementation of laws like the Anatomy Act in England, the actions of the body snatchers—combined with those of medical professionals and students—ultimately primed society to accept, or at least tolerate, the idea of using the corpse and its parts for science, medicine, and the greater benefit of society, thus setting the stage for the following centuries.

In the mid-20th century, the corpse and its parts adopted new roles and meanings, once again due to radical advancements in the medical and scientific communities. Scientists hired by large manufacturers began using cadavers and fragmented bodily remain for research studies, leading to a drastic improvement in the safety of technologies used by the living, notably automobiles. Around the same time, medical professionals developed the revolutionary practice of human organ transplantation. For the first time in history, human organs became highly valuable, objectified commodities that could be extracted from a living, albeit brain dead, donor. The procured organ(s) could then be transplanted into a living recipient, replacing their diseased organ(s) and extending their time on earth. As transplantation methods rapidly advanced and success rates improved, the demand for donors or “living corpses,” and their parts skyrocketed, resulting in an immense, continuously growing global shortage of organs. As a result, a highly profitable, underground market has emerged in many locations throughout the world, where—much like the 19th-century body snatchers or Burke and Hare—organs are illegally procured, traded, and sold to the highest bidder. Thus, it is abundantly evident that the physical remains of both deceased and “living” humans continue to be extremely valuable sources of knowledge, health, and income for the living, and the widespread objectification and commodification of them is unlikely to cease any time soon, especially as Western society becomes increasingly secular and more reliant on medicine and science.

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