

**The Washington Post**

# USAID cuts have caused more than 330,000 deaths worldwide, BU professor estimates

By **Angela Mathew** Globe Correspondent, Updated July 1, 2025, 11:06 a.m.



In February, Somali internally-displaced persons (IDP) children looked out from family's makeshift homes in Maslah camp. FARAH ABDI WARSAMEH/ASSOCIATED PRESS

In late January, when Dr. Brooke Nichols read about the Trump administration's halting of PEPFAR, the US-led worldwide anti-HIV/AIDS effort, she decided to do some "back of the envelope" calculations. Having worked in recent years in South Africa helping

administer PEPFAR aid, the associate professor at Boston University couldn't stop thinking about the lives at stake.

"When I get upset, I do math," said Nichols, an infectious disease mathematical modeler.

Those calculations developed into the [Impact Counter](#), an online dashboard launched in early February that estimates deaths caused by the Trump administration's cuts to 83 percent of USAID grants, or [\\$7.7 billion in resources](#).

Nichols's estimates, which focused on 42 percent of the former USAID budget, found that, as of June 26, 332,553 people have died worldwide, including 224,575 children.

As USAID offices officially close on Tuesday, researchers other than Nichols are sharing their own estimates of the impact of dismantled USAID programs.

An analysis by a 15-member research team from Spain, Brazil, Mozambique and the US, [published Monday in the medical journal The Lancet](#), estimates more than 14 million people could die by 2030 as a result of USAID cuts, including 4.5 million children younger than 5 years old.

In congressional testimony, Secretary of State Marco Rubio has disputed the claims of Nichols and others who say cutting USAID grants have cost thousands of lives.

Nichols's dashboard breaks down estimated deaths caused by HIV/AIDS, malaria, tuberculosis, pneumonia and other diseases that USAID grants previously treated.

"I wanted to immediately understand what this would mean," Nichols said, "and be able to tell people that this [money] should not be frozen, because these many people will die."

In 2016, Nichols lived in South Africa where, for three years, she analyzed for a local university the cost-effectiveness of different HIV tests to help leaders from a dozen African countries tackle the disease most efficiently.

When funding for this PEPFAR program was suspended, Nichols looked at World Health Organization data on the incidence of HIV/AIDS and the average cost to treat one patient with the disease.

Matching these statistics with the money allocated to treat different diseases in USAID's budget allowed her to calculate the number of patients that would lose treatment. Using WHO data about the mortality of different diseases, Nichols calculated how many of those patients could die. She applied a similar methodology to other diseases.

When asked by Sen. Jeff Merkley, D-Oregon, about Nichols's estimates at a [congressional hearing in May](#), Rubio was firm in his statements that no one has died because of USAID cuts.

"It assumes a near total freeze in US foreign aid ... there is not a total freeze," Rubio said of Nichols's research, "I think it's exaggerated."

Around 14 percent of all USAID programs have been retained, [according to a recent New York Times report](#), including 31 percent of funding previously allocated for HIV, 28 percent for tuberculosis and 32 percent for malaria.

When asked to respond to Rubio's assertions, Nichols said her dashboard factors in partial funding cuts.

Based on more specific information about remaining USAID funding from the New York Times report, Nichols updated her estimates which led the death toll figure to reduce by 12.5 percent.

Addressing Nichols' estimates, Rubio said that it would be "atrocious" if hundreds of thousands of children died in the last four months because of cuts to USAID funds.

"That would mean that no one else in the world is doing anything," Rubio said, "we're taking care of the entire planet?"

The State Department declined an interview request citing Rubio's busy schedule, but told the Globe in a statement that the department urges other nations to "dramatically increase their humanitarian efforts." As remaining USAID programs transition under the State Department, the official said that critical humanitarian aid that's aligned with America's foreign policy priorities will still be delivered.

When Elon Musk left the Department of Government Efficiency at the end of May, he [wrote on X](#) that "zero people have died" in response to a [New York Times opinion piece](#). He [asserted](#) that only 10 percent of USAID funds, slashed by DOGE under Musk, actually go towards treating patients.

USAID supporters acknowledged that the agency's spending could be reformed because much of its \$35 billion budget went to Washington-based contractors, a [recent New York Times piece reported](#). Paul Martin, former inspector general at USAID, also agreed that there was some inefficient spending at the agency but that it wasn't notable. The Trump administration focused on examples of USAID spending not directly related to fighting disease, like funds for birth control, as proof that the whole agency was corrupt, he said.

Brooke Nichols, infectious disease mathematical modeler at Boston University, has been studying the impact of USAID grants terminated by Musk and the Trump administration. BROOKE NICHOLS

Dr. Cassidy Claassen, a physician associated with the University of Maryland's medical school, said Nichols's project probably understates the impact of cuts to USAID grants.

"She's taken a very conservative approach, and her estimates give us a minimum number, that we can be almost sure of what has happened in terms of mortality," said Claassen, who currently works on HIV prevention in Zambia.

For example, Nichols's dashboard does not include the impact of diseases like polio that will be exacerbated by [cuts to USAID contracts funding vaccines](#) because herd immunity varies greatly in different countries.

When it comes to malnutrition alone, Nichols estimates that around 1.12 million malnourished children will go without food in 2025 because of cuts to USAID's \$168 million nutrition budget. This matches an estimate by Nicholas Enrich, acting assistant administrator for global health for USAID, who approximated that around 1 million malnourished children would be impacted in a USAID [memo published in March in The New York Times](#).

A health worker administering the malaria vaccine. SUNDAY ALAMBIA/ASSOCIATED PRESS

In Lusaka, Zambia, Claassen helps run programs to prevent and treat HIV/AIDS, along with Linah Mwango, technical director of the Center for International Health, Education and Biosecurity (CIHEB) in Zambia, an NGO established by the University of Maryland, Baltimore.

Claassen said CIHEB's work had helped Zambia control HIV significantly where almost all people infected were on treatment and virally suppressed.

"It was an amazing achievement. Something undreamable 10 years ago," Claassen said.

Mwango and Claassen said around 60 percent of the funding for their HIV programs came from PEPFAR funding that was diminished by the Trump administration. The other 40 percent came from NIH grants. While treatment dollars mostly remain intact, community prevention and HIV awareness work has been stopped, which has allowed the disease to spread unchecked, they said.



The NGO's work has recently focused on reaching out to [five populations defined by UNAIDS](#) that are stigmatized and have difficulty accessing care: female sex workers, people who inject drugs, men who have sex with men, transgender people and people in prisons.

"Several of those groups are deemed inappropriate ... by the Trump administration, and so a lot of our work has been halted," Claassen said.

Mwango said in Zambia, the government cannot afford to fund some of the early interventions that are most effective at controlling the disease.

And Mwango thinks it's too early to see the impact on mortality among HIV patients they care for in Zambia, because the average time from infection to death for the disease is eight to 10 years. She said that Nichols' estimates are helpful to understand other diseases.

"For mortality, I think it will take about two to three years for us to be able to see that here. But something that can be measured more within the USAID projects are the ones supporting nutrition," Mwango said.

Dr. Kate Rees, a public health specialist at Anova Health Institute, an NGO in South Africa, said the cuts to USAID would create a crisis for years to come.

"For many countries, including South Africa, governments are scrambling to try and fill the gaps," said Rees who used to work on APACE, a USAID grant for controlling HIV across the country, "but with no notice, that's incredibly difficult."

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