**Failure is Just the Beginning**

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For most aspiring primatologists, the ultimate dream is to conduct fieldwork on wild great apes. After a long series of rejections, I was offered a position in Cameroon censusing wild chimpanzees and gorillas, and I was sure my luck had finally changed.

I was lost before I even got to the forest. My French skills were not up to par. I was in over my head, trying to follow conversations about fieldwork preparations, discussing scientific articles, and haggling for supplies in the market *Au Francais*. And worst, I was adjusting to the side effects of a mefloquine, a medication that can cause anxiety, depression, paranoia, and hallucinations.

My anxiety built as we traveled for hours on a bush taxi across the country, and then several more on dirt roads. I had a panic attack the night before we entered the forest, in a small building perched across the river from Equatorial Guinea. Something about the harsh fluorescent lights, the unfamiliar environment, and the fact that I couldn’t understand any of the conversations around me made the alarms bells in my brain go off.

The next day we drove further on dirt roads, and deeper into the forest. Our team cleared vegetation and cut trees in our path with buzzing saws, so that our four-wheel drive vehicle could plunge deeper and deeper into the maze of green.

I hadn’t realized that doing conservation research involved cutting down trees just to get to the field site.

But our vehicle went deeper and deeper, until we reached a wooden bridge. Comprised of large tree trunks, it was solid enough for us to walk over with packs and equipment, but not enough to risk driving over. We camped by the bridge that night. The location was eerily beautiful, with a carpet of vibrant, almost neon green moss on the ground, the quiet rushing of the river, and the deep dark greens of the surrounding forest. The river was wide enough that the sky cut like a chasm, splitting open the verdant rainforest that otherwise surrounded us an all sides.

The next day, we crossed the bridge and hiked deeper into the forest for hours, until we could find high ground to make camp. That night, I barely slept, tossing and turning. I felt like the trees were advancing on my tent, ready to surround me and encapsulate me in a tangle of vines. The perception of trees advancing and trapping me haunted me every night.

My anxiety intensified. We were isolated in the forest, and the fieldwork was unforgiving. We spent longer than expected completing the censuses, because we were frequently sick or injured. With the help of one experienced tracker, the two other young North American women and I were responsible for managing a large team of mostly older, local men, whom I could barely communicate with, much less supervise. Cross-cultural misunderstandings built on the language and gender barriers.

My anxiety blossomed like the fungi on my tent. I stopped taking the mefloquine, recognizing that the strange, detached feelings of terror and paranoia might be from the medication. But the field conditions intensified it. We were close to running out of food, and when we tried to use the satellite phone we kept for emergencies, it would not function. As our food reserves ran down, we sent some of the faster young men to hike out and bring more, hoping they would return. Fortunately, they did.

On the last day of surveys, one of the local trackers and I hiked out a day before everyone else. As we journeyed out, I started to feel lighter and freer. The tension wrapped around my chest dissipated as I we trekked through open, sunny patches of secondary vegetation. I felt dizzy, but figured it was just the intensity of equatorial sun after three weeks under the dim forest canopy. Over the next few days, I got progressively worse. I was soon shivering with fever, so dizzy a trip down the hallway to the bathroom made me retch. Even in a small house contained by protective walls, I had feverish dreams that the trees were still advancing on me, reading to ensnare me in an ominous, leafy embrace.

I had contracted malaria just barely a week after going off the mefloquine. By the time I made it to the clinic, I was barely capable of sitting up, much less walking. After IV fluids and medications, the doctor told me I could stay overnight in the clinic if I wanted, but there would be no one there and no power.

I declined.

My fellow field assistants left me with a bucket next to my bed and headed on their trip to the larger town three hours away that housed an internet cafe. A couple of days later, they returned with the project director. The medications took effect, and my fever went down. I could make it down the hallway and use the bathroom without feeling like I was going to throw up or pass out.

The director asked if I wanted to go home. I had when I was feeling truly ill, but I wasn’t so sure as I began to recover. She gave me an ultimatum: either I joined the team the next day for the 5 to 10-kilometer hike to the next site or go home. I chose the latter option.

We traveled back to the city, as everyone else headed back into the forest. Sagely, she remarked that at least I had learned that I am not cut out for fieldwork. Primatologists need to be tough, and I was too weak.

I had failed. I internalized that I was not cut out for primatology and decided I would pursue captive research instead.

But then another opportunity came up . . . and improbably, I excelled at it. Ten years later, I completed a PhD based on nearly two years of fieldwork.

Sometimes failure is just the beginning.