

25 July 2008

All Serving and Retired CME

CME BRANCH ADVISOR'S FAREWELL LETTER

1. After four years serving as your Branch Advisor, today I relinquished that appointment to Colonel J.G. Wall. It has been the highest honour for me to serve you in this role; a period in my more-than 32 years of service I can truly say has been its high point. In these past four years, the CME has undergone high operational tempo; received new equipment; formed new teams, flights/troops, squadrons and an Operational Support Engineer Group; been employed in domestic, continental and expeditionary operations; and, supported CF Transformation and integrated into the CF's new command structures. Yet this has not been without a cost, both at the individual and at the team levels from section to formation.
2. As a farewell address, permit me to share with you the main body of my final report to the CF leadership. Inputs to this report include but are not limited to: reports from the two CME Occupational Advisors – in the Army, Col Sirois, DEngrs, and in the Air Force, Col Baker, A4 CE; briefings from CME career managers; unit visits conducted by the CME Branch Advisor, CME Colonel Commandant, CME Branch CWO and senior CME officers and CWOs; reports from various CME associations of serving and retired members; briefs from the CME CWO's annual meeting of all CME CWOs; briefs from CME officers in key staff appointments at the strategic and operational levels; reports from individual CME unit CO/RSMs; and, discussions at the CME Council semi-annual meetings. CME Council comprises all serving Regular and Reserve CME generals and colonels.
3. Although CME leaders concur that overall CME morale is high, there can be no escaping the facts of technical skill fade, high attrition, high OPTEMPO and dissatisfaction with the frequency of cost moves - for some, too frequent; for others, not frequent enough. Of significant concern to CME leaders is the time spent away from home in the pre-deployment period to develop the leader/team integration, the engineer technical skills and the all arms tactical skill sets required to conduct kinetic and non-kinetic manoeuvre in the Contemporary Operating Environment (COE).
4. The single largest concern is the increasing gap between PML and TES for all 12 CME occupations. Related to this are the following sub-themes: technical skill fade, especially roads, bridges, heavy equipment, diving and CE mechanical trades; balance between technical and tactical training - both are needed, for all CME occupations; training requirements for non-kinetic manoeuvre "outside the wire"; relationships between CME and the CF Intelligence community, which have noticeably improved in the last 12 months; and, membership in provincial engineer and engineer technologist associations, which are encouraged but not mandatory for military engineers.

5. In November 2006, CME Council discussed the coming challenges of 2009-2011, a period of high recruitment, high individual training and high operational tempo both at home and abroad, while all CME occupations are significantly short MCpls-Sgts and Capt-Majs. As difficult as the challenges facing CME units are in Spring 2008, CME Council remains cognizant of the approaching period that will increase the level of difficulties now being experienced. In November 2006, CME Council developed three approaches to assist CME leaders to deal with the coming period of high demand on our low-density occupations. As of Spring 2008, CME Council affirms these approaches remain relevant:

- a. Approach 1 - coordinate CME effort based on common situational awareness. CME leaders apply "appetite control" with self-generated initiatives.
- b. Approach 2 - invest carefully, adapting investment strategy annually to meet CF and CME requirements. Force Protection is our focus, build on our strength while keeping an eye on the next mission, which is assumed to be somewhere other than Afghanistan. For APS 08, we have invested in CF and CME schools to grow future capability, while also investing in strategic and operational level staffs, within the CF context. Council suggests accepting risks elsewhere. The intent of this approach is to mitigate the effects of FRP as leaders of that era come to their retirement gateways.
- c. Approach 3 - keep our veteran leaders engaged. For CME leaders retiring before 2011, actively encourage these leaders to support CME either as public servants or as knowledgeable contractors/consultants.

6. Of concern to CME leaders is our ability to influence the above three approaches in the post-CF Transformation era, which left the CME in a decentralised coordination and decentralised execution posture. This posture has been offset through coordinated development of engineer advice on the technical authority net under the aegis of the CME Chief Engineer, and promulgation of that advice to the CF command net. Key to success is that the CME speaks the one message via many voices once the CME Chief Engineer has endorsed that advice. In that vein, all CME leaders are encouraged to use their personal influence to advise CF commanders on the issues facing their assigned CME units and personnel.

7. Given the most significant risk facing CF and CME leaders is a shortage of personnel, it is CME Council's considered advice that, *inter alia*, retention, recruit training and a revitalised CME Association(s) should be major components of the overall mitigation strategy.

- a. CME Council concurs that retention is not, in the long term, positively affected by money-based solutions such as pay and bonuses; rather, retention is a result of properly and substantially addressing known negative factors. Accordingly, CME Council notes the ongoing efforts to reduce time away from home for units and individuals on the Path to High Readiness, and advises that all

CME personnel should be given balanced technical and tactical training. To that end, CME Council applauds the current CLS direction to increase technical training for CE occupations as an excellent first step. CME Council is cognizant that the private sector is facing similar challenges. As found in the private sector, challenging, rewarding and positive experiences will be the major retention factor for the majority of CME personnel who are considering release from the CF. Consequently, all CME leaders from Sect 2ic and up need to take an active role in mentoring more junior members of the Branch to ensure all CME individuals advance their competence in the profession of arms and in the profession of engineering. This includes deliberate succession planning for all our personnel, as well as timely, public recognition of the often-heroic deeds performed by our men and women.

b. CME Council discussed the challenges of training the increased recruit base projected over the next few years. CME Council supports innovative means of training DP 1 engineers, such as being done now by CFFA, SMM and CFSME.

c. CME Council unanimously supports the holistic concept of engineer association(s), such as current Retired Sapper Associations in their various constructs, History Research Committees to record our ongoing history, Museums to display that history, and, the CME Association (CMEA), all concentrating on the important aspect of CME ethos, *esprit de corps*, heritage and history.

8. Overall, the CME Branch comprises high-demand, low-density occupations with a significant portion of the workforce approaching CF career gateways. Morale is high, but the coming period from 2009 to 2011 will be challenging. Operational tempo and the contemporary operating environment will maintain pressure on retention of skilled CME personnel. Retention now is already lower than is healthy; indeed, all indications are that 2008 will see higher-than-normal unforecast releases, in occupations that have recently seen up to double the CF average for annual attrition. At the individual and collective levels, tactical competence has significantly improved, at the sacrifice of technical competence in areas of CME expertise not needed for the fight in Afghanistan.

9. In summary, whilst there are significant challenges facing all CME leaders, I am confident that the challenges are known, accepted and being addressed. Having said that, the situation will likely get worse before the effects of coordinated CF, ECS and CME initiatives lead to substantial improvements. Accordingly, the new CME Branch Advisor, CME Council and all CME leaders will be carefully monitoring the situation and taking or advising on effective measures.

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Colonel
CME Branch Advisor 2004-2008