



Community-based policing to control COVID-19 outbreak at communal clusters: A Vietnam perspective

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ABSTRACT

The COVID-19 outbreak and its practical impacts are changing policing and police responses. Alongside the relentless efforts of the health sector, the role of police forces has been the subject of debate between the global South and North. As the first study in Vietnam, this paper explains how Vietnam's police applied community-based policing to prevent and detect the interlaced occurrences among old and new patients at the communal cluster. Multiple sources were used to collect secondary data on police responses in the first lockdowns between February and March 2020. Online interviews with police leaders and six frontline officers were conducted to collect primary data. The findings show that, in each case, Vietnamese police implemented dynamic operations as much as possible in an effort to elicit voluntary collaborations to detect and contain COVID-19. Police used "onion-layer" and "door-to-door" approaches to coordinate and cooperate with their partners in the health sector. In addition, delivering persuasive propaganda was highly prioritized to incite local people to take up preventive measures rather than enforce them. The paper concludes with four specific recommendations and further discussions aimed at improving community-based policing's effectiveness in future exceptional circumstances.

Key Words Law enforcement; police officer; public health.

INTRODUCTION

While many nations saw the number of COVID-19 cases soar out of control before the release of the vaccine, and even the wealthiest countries struggled to stop the spread, how could lower-middle-income countries with limited resources bring the pandemic under control? To deal with infectious transmission that paid attention neither to borders nor to health agencies, law enforcement agencies (LEAs) played an essential role in curbing the virus's spread in their local, regional, and international communities. The following questions can be posed: What policing and police responses in these developing countries have contributed to controlling COVID-19? How can they balance their policing powers to deal with the pandemic without violating civil rights and individual needs, particularly in lockdown situations?

Some countries in Asia (e.g., India, Pakistan) and Africa (e.g., South Africa) were over-policing against the spread of COVID-19 (Pullat & Huma, 2020). Authoritarian states (e.g., China) applied their monopoly censorship tool (using the Internet police) to control the outbreak by controlling the thoughts,

words, and even memories of China's 800 million web users (Mozur, 2020). The different authoritarian styles used by the communist party often made it challenging to garner international recognition for their policing contributions (Walden, 2020; Waseem, 2020). For those states, police behaviour, transparency, and accountability are often met with suspicion and scepticism from their communities when they try to limit the transmission of the virus. In contrast to the authoritarian style, Vietnamese police balance power and propaganda strategies in their community-based policing (CBP) to control the spread of community transmission without a death toll in a country with a population of 100 million. In this paper, we examine two scenarios used in the first waves of the pandemic in Vietnam, in 2020, where lockdown plans were combined with CBP to deal with the COVID-19 epidemic without any deaths. One is the Son Loi's community transmission cluster, during the first lockdown, and the other is the Truc Bach special circumstances, during the second lockdown. The details of these two cases can be found in our first publications (Luong, 2021; Luong, Jardine, & Thomson, 2020). This study looks to evidence-based policies to answer four main

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questions arising from the use of CBP to control COVID-19 in Vietnam: 1) Why and how does transparent information help police conduct their strategies? 2) What is the role of leadership in producing decision-making policies with a timely response? 3) Should police use propaganda and involve residents in their operations, or should police apply force to control the public? 4) Why should police prioritize collaboration with public health during the outbreak?

METHODS

Vietnamese criminologists who work closely with police institutions can access data by requesting an “internal dispatch” (known as “the introduction letter,” which is sent among police forces) to help the researcher connect with participants. As a former lecturer, I have spent more than 15 years designing and delivering both undergraduate and postgraduate lectures in police institutions in Vietnam. Thus, based on my background, I used the internal dispatch from the police academy of Vietnam in order to communicate with potential participants in this study.

Three main approaches were used to collect data. Firstly, as a desk-research method to gather secondary data, I collected two completed reports of Binh Xuyen’s Public Security (Vinh Phuc Province) and Truc Bach’s Police Ward (Ha Noi) to present their CBP strategies during the two lockdowns. Secondly, I set up virtual meetings to form a focus group police discussion. These meetings were conducted on Vietnam’s secure platform with registered mobile phone accounts. Finally, using a snowball sampling technique, private, semi-structured interviews were conducted with police leaders and their frontline officers (six interviewees) in May and June 2020, when no community transmission case was recorded in Vietnam. The structured conversation of around 40 to 50 minutes took place on the online interviewing pathway, *Zalo* (free Vietnamese software).

FINDINGS

All-in-One Mobilizing to Implement “Onion Layers”: Son Loi’s Case Study

When identifying the first case of COVID-19 in the community, which was pertinent to several of Binh Xuyen’s workers from China returning home, the Vietnamese leaders established and conducted the “onion layer” model to control the spread of the virus. This model was predicated on the 4-round isolation model, based on the World Health Organization’s recommendations and Vietnam’s experience during the 2003 SARS outbreak (Luong, 2021; Luong et al., 2020).¹ The use of four isolation rings allowed authorities to avert a deadly circle of quarantining all into one; conversely, each round contributed

to different rings and minimized the potential for the spread of disease. As the first pilot, when applying this model to the Son Loi cluster, each onion’s layer was implemented as clearly as possible from the first round to the final round (Figure 1).

Police played a central role in detecting infectious people or suspected infection, and people who returned from Wuhan returned to the Son Loi commune (Round 1). Police also collaborated with health experts to control quarantine and isolation in the following three rounds. This partnership between police and health officers is based on bilateral agreements between policing and the health sector, known as the Coordinative Regulation No.03/QC-BCA-BYT since 2013.

For the first round, police forces had three primary responsibilities in order to control all cases of infection and suspicion of disease in people returning from Wuhan, China. First, police used professional techniques and responses to scan people under their community’s permanent or temporary management, based on the household registration system, known as *Ho Khau* in Vietnamese. The *Ho Khau* system, based on China’s hukou model, was established in 1964 in Vietnam. According to this model, as the government’s primary agency, the police hold two main functions: managing the resident registration and building and controlling household registration files and citizen identity archives. The Deputy Director of Binh Xuyen’s police district explained:

We had obtained the necessary information regarding all Son Loi citizens who spent time in Wuhan at the end of 2019 and returned in early 2020. Not all of them, but more than 85%, were scanned and examined via the *Ho Khau* system to check for infection during the first COVID-19 cases related to those groups confirmed. It is more transparent to give information to people, more valuable to cooperate with them! When we contact them, everything in these duties is clear to share with those householders.

Second, the police also checked and record all the temporary Chinese workers residing and working in the community. Binh Xuyen’s police station began by contacting Quang Ninh’s local police force to scan and identify all Chinese citizens at the Mong Cai’s international border gate into the Binh Xuyen

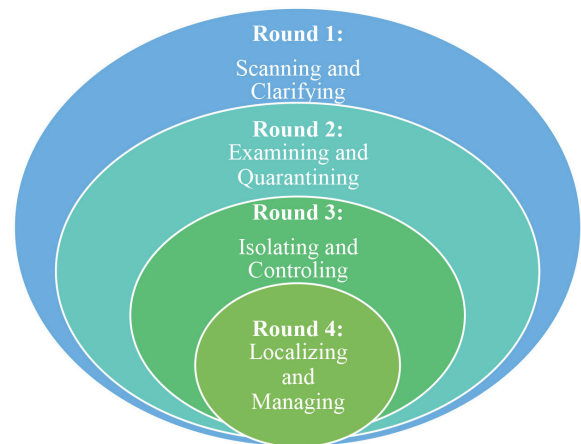


FIGURE 1 The 4-Round Model of isolation in Son Loi’s cluster

¹ According to the Ministry of Health, the 4-round model in Vietnam is as follows:

1. Round 1: Isolation and treatment at local health centres for infectious patients and any relatives they were in contact with (F0 and F1)
2. Round 2: Centralized isolation for those who were in close contact with F0 and F1 (F2)
3. Round 3: Isolation and control at home for those who were in close contact with F2 (F3)
4. Round 4: Isolation and localisation of communities with multiple cases

district. Police then communicated directly with the Japanese company in the Vinh Phuc province where the Chinese citizens worked in order to record their personal information.

Third, police deployed mixed teams to medical services to check and control the testing of newcomers. These included police traffic, task force, and police wards equipped with personal protection equipment (PPE) when dealing with the COVID-19 outbreak. They monitored and double-checked everyone who went in and out of the local medical services or health centres, including non-Vietnamese. Even though they were equipped with weapons in case of protests or crowd gatherings, there is no record of using these forces on citizens. One police patrol explained how they manage those Chinese workers:

We immediately took their temperature. Also, we established two units with four officers to escort 24/24 hours at these medical centres. We then established two units with four police staff escorted 24 hours a day at these medical services to ensure “nothing in, nothing out” movement and avoid traffic congestion. We did not use any forces or threats to confront them; on the other hand, they completed obeyed!

For the rest of the rounds, police forces deployed serial teams in “fixed patrols” (*chốt kiểm soát cố định* in Vietnamese) to collaborate with local authorities and health workers to control and manage the community during the lockdown. These patrols controlled the spread of COVID-19 by domestic transmission among intersecting borderlines. Local police at the frontline supported local authorities in conducting a “nothing in, nothing out” campaign, where police built up at least 12 fixed patrols in the Son Loi commune. Each team was made up of 30 to 40 officials, including police, military, and medical staff. At this stage, they monitored all activities in their local areas 24 hours a day, 7 days a week. Additionally, the Vinh Phuc’s Provincial Public Security mobilized more than 100 police task force officers to join the continuous armed inspection and support these fixed patrol teams in the Son Loi cluster to minimize the spread of the disease on a large scale. A young police officer recalled that

We established several military shelters at the patrols, not only to control everything but also to isolate our family’s relatives in the uncertain conditions. Sometimes, the local peasants provided corn, rice, bread, and veg. I have never experienced such a situation in my police career.

Police officers played a central role in maintaining social order and monitoring local people’s movements at each fixed patrol. Officers were instructed by their leaders to use professional techniques in conducting a fixed patrol team and given health tips by their healthcare colleagues in dealing with infectious diseases.

Police set up several checkpoints at each unofficial pathway or small road connecting Son Loi to other communes in the Binh Xuyen district. At least two police officers per team worked day and night shifts. Each police officer in the 12 fixed patrols was provided with PPE, including a medical thermometer, surgical mask, and hand sanitizer. One lieutenant police officer shared that

It was my job at this village’s border, and citizens were supportive with no complaints or riots. We tried to explain to our citizens about COVID-19 and how they can protect themselves first, and then communicate to their loved ones. For example, we instructed people to wash their hands with soap for at least 20 seconds per day and encouraged them to clean their houses and protect our commune’s environment by sprinkling lime on village roads to disinfect alleys.

In total, six COVID-19 cases were identified and they recovered without any new community transmission cases in the Son Loi cluster, and no police officer contracted the virus.

Specialized Techniques in “Door-to-Door” Campaign: Truc Bach’s Case Study

While the first lockdown period was happening in the Son Loi cluster, Vietnam’s capital still had no cases of COVID-19. Authorities in Hanoi deployed several anticipatory measures when the first COVID-19 cases were identified at the end of January 2020.

Under the Ministry of Public Security (MPS) notifications and directives, public security forces had to cooperate with health workers to identify any potential cluster that could become a community transmission concern in the country, particularly in Hanoi’s capital and other big cities. Accordingly, after the first COVID-19 Son Loi patients were confirmed in February, the Ba Dinh District’s Public Security sent their police wards to each house. Each small and medium-sized business (mainly hotels) had to check any foreigners (primarily focusing on Chinese and/or people in transit from China) and re-scan all potential relatives with Son Loi’s clusters. Only some people with relatives in the Binh Xuyen’s district returned to the Ba Dinh community and tested for COVID-19. All tested negative until the 17th patient (not related to the Son Loi cluster), at Truc Bach’s Street on the night of 6 March. Hanoi’s authorities immediately requested a lockdown of the entire Truc Bach ward, and police forces cooperated with various partners to control the area. After learning about Son Loi’s experiences, police ward managers recommended their district officials build and implement three fixed patrols (Figure 2). The first fixed patrol controlled Truc Bach street; the second covered Nguyen Khac Nhu road, which shared a borderline with Truc Bach street; the last was established at Hong Ngoc hospital. One police captain officer led each team.

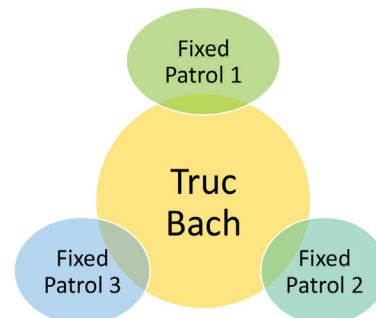


FIGURE 2 Door-to-door campaign via fixed patrol’s system in Truc Bach’s cluster.

Most teams deployed plans to control residents' movements at each location without enforcement. A deputy police officer confirmed that

During the 20 curfew days, we were consistent with “nothing in, nothing out.” Sixty-six householders within 189 residences were required to self-isolate. After we communicated with them, they were happy to cooperate with our policies. Of course, we supplied daily food and needs to ensure their living conditions at the time. No one was left behind!

One of the most prioritized strategies in the first days of the lockdown process was to request police officers check all residents. One of the techniques the CBP police used during this period was the model “go to each valley, knock at each house, check each individual”.

Like Binh Xuyen's police, Truc Bach's police officials checked and regularly updated their system upon contacting residents. They also highly recommended that those who had not yet informed police about their travel (especially overseas) provide such information to police or a health centre. Unlike Son Loi's model, the Truc Bach police station used public loudspeakers (*loa phường* in Vietnamese). Police cooperated with local authorities to use the loudspeaker system to give specific information regarding symptoms, pathways, and related prevention against COVID-19. Loudspeakers were programmed to play three times per day at fixed locations to encourage people to share any contacts with cases of COVID-19. The police captain recalls

We were on duty 24/7, providing services without a break since 6 March 2020. Utilizing the *Ho Khau* system, our team [including police, paramilitary, health workers, and hotel owners] checked daily more than 600 times for one week.

When the health advisor confirmed any positive case (F0), police quarantined their house immediately and looked for any close contacts (F1 and F2) before requesting their neighbours (F3) isolate at home during the lockdown. This strategy—the “door-to-door” campaign—helped the Truc Bach police ward collect timely data and sufficient information during the second lockdown. By doing this, police and health workers cooperated to distinguish F0, F1, F2, and F3, and to decide on the best solutions to deal with them, whether quarantine (separating and restricting the movement of people who were exposed to a contagious disease to look after if they become sick) or isolation (separating sick people with a contagious disease from people who are not sick).

In total, five COVID-19 cases were identified and they recovered without any new community transmission cases in Truc Bach's cluster. No police officer contracted the virus at that time.

DISCUSSION

Transparent Information and Timely Updates: Key Directions in the Health Crisis

Clear information and up-to-date communications during a health crisis impact, directly or indirectly, the policy decision

process and its relevant strategies, including police response. The blurring of the lines and responsibilities between government and LEAs during the first stage of the virus's spread in China posed potential risks to all countries in early 2020 (Bac & Murray, 2020; Mozur, 2020). Although it is a country with political institutions quite similar to China, Vietnam has long been considered more open than China regarding media censorship and information control. People in Vietnam, for example, can use most of the world's social networks, in which social media is most widely used and serves as a giant platform for people to share information and express criticism, directly or indirectly, of government policies. These resources also supported the local police stations, such as Son Loi and Truc Bach wards, helping them to update their residents' movements. While China's media was slow to reveal its vulnerabilities and information about the mysterious pneumonia in Wuhan, doubts about the disease statistics from China in the early stages were laid bare to the Vietnamese health experts to build up their National Steering Committee for COVID-19 framework immediately, including the police sector (Bac & Murray, 2020). This allowed police to actively monitor their citizens' movements, both overseas and internal, using the professional registration system. For example, Vietnam's police checked their residents' movements via the *Ho Khau* system, which identified Vietnamese workers coming back from Wuhan or Chinese citizens coming into the Son Loi lockdown. This system enabled police to collect personal data, including specific householders' changes at any commune. Applying the CBP to collect personal information and check specific movements using the registration system in Vietnam is one of the most traditional policing methods (Luong et al., 2020). In dealing with the threat of infectious transmission, transparent communication regarding movements and personal interactions must be provided to health authorities and law enforcement officers.

Two examples in this study show that using relevant community policing strategies helped police call for positive collaboration and productive cooperation from their local community. Using a public loudspeaker system (*loa phường*) for communication and deploying the “door-to-door” method, police encouraged their residents to do the right thing. They shared thorough instructions to protect personal health. As Reicher and Stott (2020b, p. 570) commented “people will be more willing to accept the actions of the authorities as ‘procedurally fair’...as a result, people and communities will be more likely to self-regulate... and to be more positive towards external regulation by the police.”

The first recommendation, then, is to use transparent information to support police and police responses more effectively to contact and respond to their local community.

Leadership in COVID-19: Priorities in Community Policing

Leadership in policing and police response has been cited as one of the core points to steer and manage CBP against COVID-19. As Filstad and Karp (2020, p. 14) argued, the police leaders' professional practice is reflected in “everyday dynamics and emergent nature of police leadership practices,” particularly in “producing, relating, interpreting/sensemaking, and negotiating.” The role of leaders in implementing their orders, instructions, and related duties plays an essential

part in guiding their police station to deal with emergencies, particularly health crises such as SARS and COVID-19. Two lockdown cases in Vietnam showed that the leadership-as-practice approach used consistent guidelines and specific requirements in controlling and managing local movements in both the “onion layers” and “door-to-door” models. Based on experience from the 2003 SARS outbreak, Vietnamese police established and maintained “fixed patrols” as anchored hubs as one of the priorities of local police, particularly in complicated and overpopulated communities such as the Son Loi and Truc Bach communes. By doing this, they deployed their CBP strategies and created a trust-building matrix between police and the local community to answer the public’s priorities for policing (Luong et al., 2020). In some specific circumstances, leaders deployed their proactive policing plans to control citizens’ movements and conduct effective quarantine and isolation requirements. In particular, when applying the “nothing in, nothing out” approach in two lockdown periods, leaders requested their police officers implement “24-hour-a-day escorts” to strictly monitor all local citizens’ activities. By doing this, they were able to identify those who did not obey the strict health advice on COVID-19, such as wearing a face mask, physical distancing, or misinformation on reporting health conditions (Luong, 2021; Luong et al., 2020). Indeed, policing during COVID-19 was a test for policing contributions to public trust (Higgins, 2020; Roberts, 2020).

The second recommendation, then, is timely planning and relevant policing strategies to help police leaders consider the best ways to approach various solutions.

Face-to-Face Policing: Capitalism vs Socialism?

The effectiveness of propaganda (soft policing) and force (hard policing) to deal with COVID-19 in policing has become controversial. Currently, although we cannot scale and vote for the best solution to control the spread of the virus, the excessive use of power in policing is not highly recommended in the CBP model of Vietnam. In both cases above, there no heavy force was used on the public community. In theory, police have to keep zero tolerance of riots and crowd gatherings because public protests are not permitted under Vietnam’s laws. In both the Son Loi and Truc Bach cases, police did not use weapons to conduct their “nothing in, nothing out” strategies during the lockdown. While several Asian and African states applied hard policing to enforce physical distancing, some Western countries, such as Australia, Canada, the United Kingdom, and the United States, used repressive policing to maintain social order. While those countries expected to maintain social order, unfortunately, this led to “escalating dissent into open violence” rather than their original wishes (Reicher & Stott, 2020a, p. 699). Perhaps, for those democracy policing models, the specific requirements of policing legitimacy to deal with uncertain circumstances (e.g., the COVID-19 pandemic) need more evidence-based documentation if they are to undergo reform (Reicher & Stott, 2020a, 2020b). Under the Communist-based regime, again, the excessive use of force to maintain social order in the pandemic context was not permitted in Vietnam’s police forces (Luong, 2021; Luong et al., 2020), though some foreigners were still concerned with limited freedom of speech or visits of conscientious objectors at that time (Walden, 2020). Neither the Son Loi nor the Truc Bach cases reported police

brutality in the community, such as in some countries in South Asia and Africa (Waseem, 2020).

Clearly, the COVID-19 pandemic meant that policing and police response had to engage in a different form of crowd policing (Reicher & Stott, 2020b; Roberts, 2020). Indeed, those who break protective health regulations in public areas are fined or given jail terms (Roberts, 2020), and, in some cases, officers may have to resort to force and sanctions. Although it is a “new” power for police, using a cooperative way to conduct dialogue, encouragement, and advice should be prioritized (Higgins, 2020; Walden, 2020). Using brutality and excessive force, such as was done by the Indian police and in some African countries, not only failed to control the spread of the virus and made citizens less compliant with social distancing, it also led to the escalation of potential violence (Pullat & Huma, 2020; Reicher & Stott, 2020a). The two cases in Vietnam show that informing and consulting with the local community to explain and advise them what they should do, and instructing them to cooperate with the police, brings more effective coordination between the two sides. In other words, when police forces respect citizens, they create positive collaborations while implementing “onion layers” and “door-to-door” strategies.

The third recommendation, then, is balancing police powers with personal rights via dialogue and collaboration with local residents, thus effectively conducting community-based policing.

Law Enforcement and Public Health: A Specific Connection in Community Policing

The COVID-19 pandemic emphasized the need for collaboration between law enforcement and public health (LEPH). After the 2003 SARS outbreak, to deal with infectious transmission concerns, productive cooperation between LEPH became essential. “As societal functions and professions” (van Dijk & Crofts, 2017, p. 263), police are required to reimagine their daily roles as service providers with a public health function, rather than only focusing on the crime-prevention part of the public security function. However, a lack of trust between public health workers and police officers has led to weak collaboration between the two agencies (Takei & Fernandez, 2020; Waseem, 2020). In some countries, conflicts of interest exist between law enforcement and public health (Waseem, 2020).

In contrast, implementing the principle of shared information among COVID patients and their contacted relatives (F0, F1, F2, or F3) was one of the highest priorities in policing in Vietnam (Luong, 2021). Both Son Loi and Truc Bach cases demonstrated that whenever health workers shared their patients’ information, they became the best resources to help police identify precisely where to draw the line around the lockdown. Luckily, in Vietnam, collaboration between police and public health to maintain social order has been in place since early the 1990s (Luong, 2021).

The COVID-19 outbreak is changing police practices globally and potentially laying the foundations for organizational change and reform, particularly building a trusted partnership with public health (Reicher & Stott, 2020b; Schaap, 2020). As “an emerging field” (van Dijk & Crofts, 2017, p. 261), LEPH needs the support and collaboration of policymakers, practitioners, and scholars to build a specific framework to deal with health crises.

The fourth recommendation, then, is enhancing the close partnership in LEPH as an effective strategy to mobilize all interests in community-based policing.

CONCLUSION

From the 2003 SARS outbreak, to the 2009 Avian Flu, to the COVID-19 pandemic, Vietnam has continuously improved its health system under limited conditions and sound economics. It does not mean their public security and military system's strengths and powers, particularly police forces, will not progress. Many police forces in Southeast Asia still hesitate to deploy specific tactics to prevent, detect, and contain COVID-19. Vietnamese police played a major role in controlling and combating COVID-19 via community-based policing. It is still premature to confirm Vietnam's policing performance in dealing with COVID-19. To better identify "the historical, political, economic, social, cultural, and gendered influences that shape policing and police culture in Vietnam," Jardine (2020, p. 188) suggests using appreciative inquiry to understand "Southern policing."

Success stories of Vietnam in the first wave of COVID-19 at the communal level provide more evidence to answer the two questions posed in the introduction. Firstly, when the state ordered transparent information and specific plans, police forces planned their strategies to apply the most suitable approach to prevent and detect the spread of the virus. Secondly, leadership is crucial to steer and construct the relevant tactics in CBP, whether the "onion layers" or "door-to-door" approach. Based on the size, condition, and requirements of Son Loi and Truc Bach, police forces were deployed and cooperated with other partners to mobilize a powerful society while applying the lockdown.

Vietnam's police demonstrated that explanations, combined with specific information, supported the process of CBP more effectively than enforcement and confrontation with residents during the period of isolation and quarantine. Police partnerships with local voluntary organizations, public health providers, and workers is crucial for strengthening the police's public health function. It is now up to the police to capitalize on this relationship and develop this collaboration to exchange knowledge and techniques between public health and policing.

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CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

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