

Attacks, Vulnerabilities and Countermeasures in Implantable Medical Devices

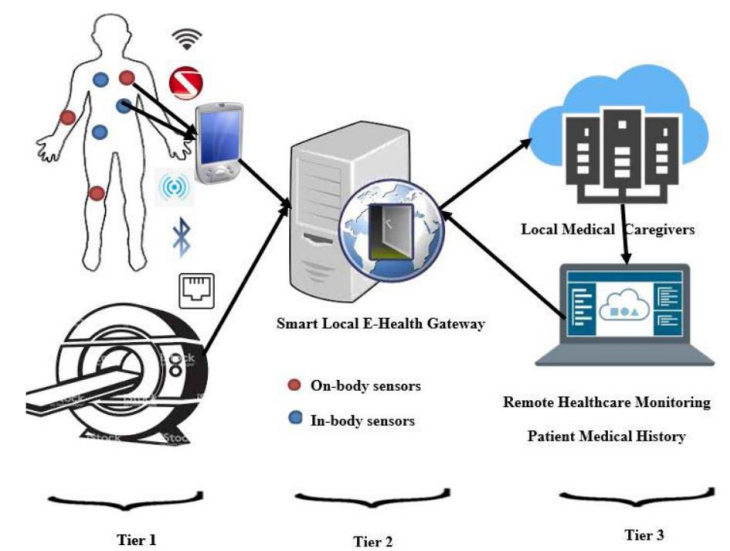
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Introduction

- Medical devices are different from others in terms of design, implementation, and application.
- **Reducing energy consumption** is still one of the top priorities in **Implantable Medical Devices (IMD)** design.
- Complicated cryptographic computations and long-range wireless transmissions are considered **unaffordable**.
- **Wireless communication** and **networking capabilities** in IMD are the major source of security risks.
- Healthcare have a **huge attack surface**, something like 10-15 different MDs per bed in hospital.

Overview of Networked Medical Devices

- These devices incorporate intelligent and small sensors to be used on human body → **WBAN** (Wireless Body Area Network).
- **Medical Devices communication architecture: three-tier level**
 - **Tier 1:** sensors on human body that gather information and transmit them to a gateway (BCU). Also, medical equipment connected to internet.
 - **Tier 2:** transmission of data from tier 1 to a smart local gateway. It performs operations on data and provides data access to health providers.
 - **Tier 3:** cloud computing used to store information gathered. Performs several analysis and delivers a GUI for feedback and visualization.



Demonstrated Cyber Attacks on Medical Devices

- **Firmware modification attack:** attacker tries to modify programs stored in non-volatile memory that controls hardware of devices.
- **Eavesdropping:** interception of user information by an unauthorized entity.
- **Sniffing:** sniff traffics and perform analysis.
- **Information disclosure:** information exposure by unauthorized entity due to weakness in device communication medium.
- **MITM:** interception between two legitimate parties.

Demonstrated Cyber Attacks on Medical Devices – cont.ed

- **Replay attack:** obtaining valid packet data transmitted by medical devices with intention to use it in a new protocol run.
- **Tampering and Modification attack:** alteration in data without proper authorization.
- **DOS, Resource depletion and Jamming attack:** disabling the devices by exhausting their energy.
- **Side channel attack:** consists in analysing power consumption and electromagnetic radiations multiple times to extract secret information.
- **Other attacks:** hardware Trojan, buffer overflow attack, brute force attack, grey hole, sybil attack, masquerading attack, remote code execution...

Security Policies in Medical Devices

- **Need to define security policies** in order to face the attacks.
- **Food and Drug Administration (FDA)** categorizes medical devices in **three categories** according to the risk
 - **Class I**: simple devices, free from controls;
 - **Class II**: more security issues, more concerned about effectiveness and safety;
 - **Class III**: highest danger and most stringent controls.
- **Medical Device Directive (MDD)** regulates marketing and safety for medical devices in Europe since 1990s.

Countermeasure

- Definition: any change to a system that decrease the success probability of an attacker.
- Classification
 - **Prevent** – deception, honeypot.
 - **Resist** – resiliency, robustness.
 - **Detect** – intrusion detection, consistency check.
 - **Recovery** – heterogeneity, cold/hot redundancy.
 - **React** – change to architecture/configuration/application.
- No action is taken on the attacking system because of steppingstones and high number of attackers.

Countermeasures for securing MDs

- **Low power sensor-based devices** are ill-prepared in security challenges and exposed to attacks.
- Similarly, **on-site medical equipment** lacks security features due to age.
- For **internet connected devices** is very important to secure both hardware and software layers.
- Due to the different nature of these devices, common security mechanisms cannot be used.
- Some **state-of-art countermeasures** are listed in the following.

Bad Memory Management and Buffer Overflows

- In order to detect those attacks, two approaches are proposed.
- **First approach:** based on **path signatures**. A **hash** is calculated based on execution path. Every time the execution flow changes, a **comulative hash is computed**. A **Verifier** (remote) uses this hash to **validate the execution flow** of the program. Still vulnerable to control flow hijacking.
- **Second approach:** identify each vertex of the **execution flow graph** with a **label**, then each label is verified during the execution. Here **control flow hijacking is easily detected**, but it's still vulnerable to data attacks.

Isolation-Based Mechanisms

- These techniques are used to **reduce attack surface** and to **isolate resources** of particular applications in distinct spaces.
- Resources in **trusted areas** are inaccessible from untrusted ones.
- **CPU provides APIs** to use special memory areas, called **enclaves**, separated from other processes and reachable from **distinct entry points**.
- In other cases, segregation is made with **hardware primitives** and uses **Memory Protection Unit (MPU)**.

Data Flow Integrity

- Three programming techniques are proposed in order to **increase the robustness** of the implementation.
- **Storing pointers' base and limit** in an **unaccessible area** in the hardware, and marking each pointer at compilation time. **Validity is checked on access**, and unauthorized modification is detected **checking the stored pointers values**. (Dynamic)
- **Encrypting pointers** in memory and **before data is retrieved**, **decrypt them**. If modified, decryption fails. **No protection from direct modification of pointer value**. (Dynamic)
- **Keep track of the write instructions** performed being able to **distinguish data corruption**. (Reactive)

Bio-Cryptographic Key Generation Schemes

- Cryptography can be helpful in order to **secure communication and data stored**, so key generation schemes are needed.
- **Physiological features**, being random, work well for keys.
- Frequent approaches include
 - **time-domain** physiological parameter generation (IPI).
 - **frequency-domain** physiological parameter generation (CPSD).
 - **heathbeat-based Random Binary Sequences (RBSs)** to secure communications
- **128-bit RBSs** are generated from ECG signals in order to **authenticate users**.

Fuzzy Vault Physiological Scheme

- Being classic cryptographic schemes not always possible to implement, other mechanisms have to be tried, like **Fuzzy Vault**.
- The schema improves security by **minimizing the rate of data exchange** during the key management process and thus increasing **network lifetime** and **energy efficiency**.
- However, security of such schema is **totally dependent on the size of the vault** and it's **weak because of the small size of the attributes**, infact it's demonstrated that an adversary can estimate appropriate points in the vault.

Lightweight Encryption and Key Management Protocol

- **Vibration-Based** lightweight and **ultra low-battery key exchange protocol** can be used between **external** and **wearable** devices.
- In order to **exchange key**, the external device produces a key and turns it into a **vibration signal**. On the other side, the wearable device receives signals and, using **two-feature On-Off Keying (OOK) demodulation mechanism**, transforms the signal into bit strings and encrypts further communications.
- Anyway, the **key could be extracted** by an adversary since it's just electromagnetic waves.

Proximity-Based Scheme

- Based on **plaintext authentication scheme** to prevent **replay**, **resource depletion**, **DOS** and **MITM** attacks. Packets travel not encrypted.
- Uses **Diffie-Hellman modified (DHM)** approach, with **packet expiration time** and **time constraint mechanisms** to authenticate users.
- Since **it does not use encryption techniques**, it puts the privacy of users in danger.

BLE Security Mechanisms

- **Four secure pairing approaches** are proposed. When someone near turns itself on, device starts transmitting packets to pair.
- **Simplest approach:** just working and does not involve the user. Suitable for wearables (MITM, identity tracking, sniffing).
- **Second approach:** needs a UI. Pairing for the first time, both peripheral and central devices will exhibit a 4/6-digit code to connect (sniffing, identity tracking).
- **Third approach:** based on passkey entry. Both devices need interface. More secure (but still identity tracking).
- **Fourth approach:** ECC Diffie-Hellman (ECDH). Prevent also identity tracking with Resolvable Private Address (RPA) scheme to randomize the MAC address.

Access Control

- Every access to every object must be checked for authority. Each not controlled operation is a potential vulnerability.
- IMDs support remote access by the doctors of the hospital, so cyber attacks directed to the hospital network/server may steal private patient's data or credentials.
- For this reason, a **lightweight but effective access control scheme** for IMDs is highly desirable.

Three general categories for existing IMD access control schemes

- **Direct** access control with **preloaded keys**
- **Direct** access control with **temporary keys**
- **Indirect** Access Control **via Proxy**

Let's see them one by one.

Direct access control with preloaded keys

1. Common master key K_m for all commercial programmers. Each IMD i has a device-specific key $K = f(K_m, i)$, with f cryptographic function. To access IMD i , programmer first request its identity i , and a nonce N , and then it computes $K = f(K_m, i)$ and $R = RC5(K, N)$. IMD verifies R and grants access.
2. IMD and programmer **share a key** used to **encrypt a sequence number**. Access is granted if the difference of the sequence numbers is **within a set range**. Also a **wake up code** is given to the programmer, that is checked by the IMD before waking up, in order to **prevent resource depletion attacks**.
3. IMD programmer obtains the key **right before** he attempts to access the IMD, either using physical characteristics of the human body, or an item possessed by the patient. **Danger**: adversary could obtain bio-features stealthy, and permanent access.

Direct access control with temporary keys

- **IMD and programmer extract features** from the same source at the same time, and **generate temporary keys based on them**. **Proximity-based methods** can be used:
 - **Biometrics** – ECG signals are random and to gather them you have to be close.
 - **Body-Coupled Communication** – human body as medium, range very short, less power consumption.
 - **Vibration** – Short range, requires contact. Need to mask sound to avoid eavesdropping.
 - **Audio and Ultrasound** – audio channel-based key exchange method. IMD generates random value as session key and broadcasts it as a modulated soundwave. Vulnerable to eavesdropping.
 - **Near Field Communication (NFC)** – Short range. Round trip time to delete replay attack.

Indirect Access Control via Proxy

- **External device (proxy)** usually is a **wearable/smartphone** which has **more computational resources** than IMD.
- Communication between IMD and proxy are protected with **lightweight symmetric encryption** and access control is **delegated to the proxy**. More sophisticated access control schemes, but also **increase vulnerability surface**.
- In case of emergency can be disabled.
- Several types:
 - **Friendly Jamming** – Cloaker, IMDGuard, base station shield (weak).
 - **Gateway** – non-key scheme, external proxy embedded in gateway.
 - **Mobile Device** – motion-based key generation methods.

Machine Learning Approaches

- **Anomaly-Based Intrusion Detection**

Decision tree algorithm to detect data injection attacks on MD.

Normal behaviour is tracked, if deviation then an attack is detected.

- **Authentication**

Makes use of physiological parameters like calorie burn, average step count, minute heart rate and metabolic activity, with help of machine learning classifiers like SVM, trees, and ensemble to authenticate users.

WARNING: Consumes a lot of energy so that **can influence medical processes.**

Hybrid Mechanisms

- Use two cryptosystems (**symmetric** and **asymmetric**) to ensure **authentication** and **confidentiality**.
- To secure wearables with authorized apps, **OS level access control mechanisms** can be used. **They produce/apply security policies automatically**. Once a device pairs with another, the model checks bonding policy and its compliance. In case the app is in connecting policy, the connection will be established, otherwise refused. Also **biometrics are used for authentication**.
- **FitLock**: bind and upload procedure to **connect devices to social network accounts**. Takes **<ID,shared key>** and returns **6-digits random monotonically increasing code** to connect for one session (**Prevent replay attacks**).

External Mechanisms

- **IMD Shield:** full-duplex **radio device:** a **receiver** and a **jamming antenna**. The receiver obtains a signal and deciphers it. Jamming antenna, meanwhile, transfers an arbitrary flag to **prevent eavesdropping**.
- **IMDGuard:** uses **ECG signals** for key exchange. A **challenge-response technique** is used to enter an **emergency mode:** device sends two challenges at different time intervals. It authenticates the programmer verifying the signature of the device (Prone to MITM).
- **Cloaker:** important device to **provide security to IMD**. While turned on, **implantable devices simply ignore all requests**. Otherwise, IMD accept all requests. Prone to jamming.

Future Directions

- **Technical Countermeasures**
 - **On-site MDs** – upgrade software, self-authentication, access control.
 - **Implantable/Wearable MDs** – boost accuracy, trust, security, communication and firmware integrity check.
 - **Communication Technologies** – BLE security, drop radio interference.
- **Regulatory Countermeasures**
 - **FDA** – insert **security section in regulations**, unify security approach
 - **MDD** – **harmonize security standards** across EU members.
- **Online Authentication** – medical treatment over **long-range, high bandwidth secure wireless links**.
- **Low-Power and Zero-Power Authentication** – harvest energy from an external source without drawing energy from primary battery.

Thank You