

On Secure Access to Medical Implants (and a bit about privacy)

Srdjan Čapkun

Department of Computer Science

ETH Zurich

31.03.2011

Who to blame ...



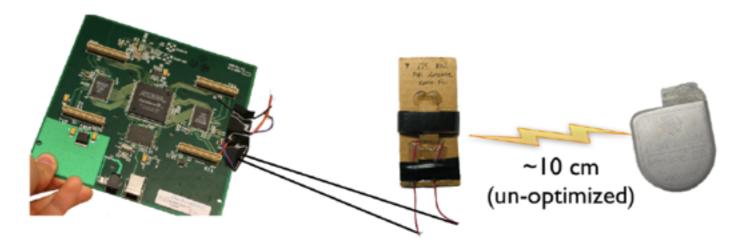


t



The Need for Access Control

- Software radio, GNU Radio software \$0, USRP board, \$700
- Daughter boards, antennas: \$100
- Communication by inductive coupling (175kHz) and in the MICS band (400MHz)
- Access control by "Near Field Communication"

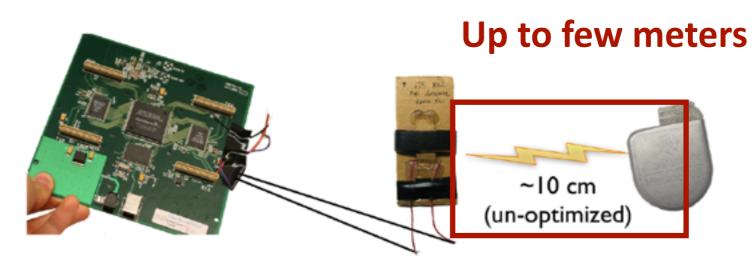


Pacemakers and Implantable Cardiac Defibrillators, D. Halperin, T.S. Heydt-Benjamin, B. Ransford,
 S.S. Clark, B. Defend, W. Morgan, K. Fu, T. Kohno, and W.H. Maisel., Oakland 2008



The Need for Access Control

- Software radio, GNU Radio software \$0, USRP board, \$700
- Daughter boards, antennas: \$100
- Communication by inductive coupling (175kHz) and in the MICS band (400MHz)
- Access control by "Near Field Communication"



Pacemakers and Implantable Cardiac Defibrillators, D. Halperin, T.S. Heydt-Benjamin, B. Ransford,
 S.S. Clark, B. Defend, W. Morgan, K. Fu, T. Kohno, and W.H. Maisel., Oakland 2008



The Need for Access Control

The Defcon conference is

the unwashed masses of hackers. It always has its

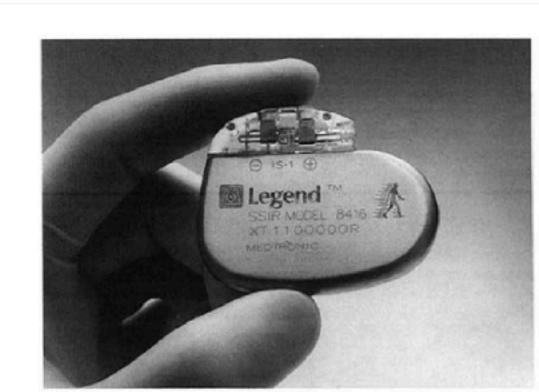
share of unusual hacks. The oddest so far is a collaborative academic

effort where medical

May. But the larger point of the vulnerability of all wirelessly-controlled

device security

the wild and woolly version of Black Hat for



medical devices remains a hot topic here at the show in Las Vegas.

Defcon: Excuse me while I turn off your pacemaker

Bile Edit View History Bookmarks Tools Help

DEAN TAKAHASHI | AUGUST 8TH, 2008

researchers have figured
out how to turn off
someone's pacemaker via
remote control. They
previously disclosed the
paper at a conference in

- Wireless interfaces
- Trigger information disclosure
- Change patient name
- Change ICD clock
- Change therapies (disable functions)
- Induce fibrillation

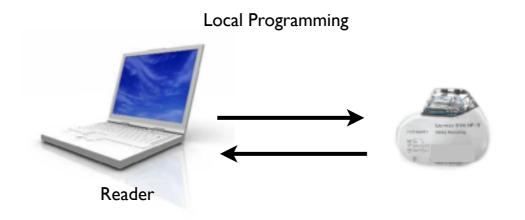
Replay attacks

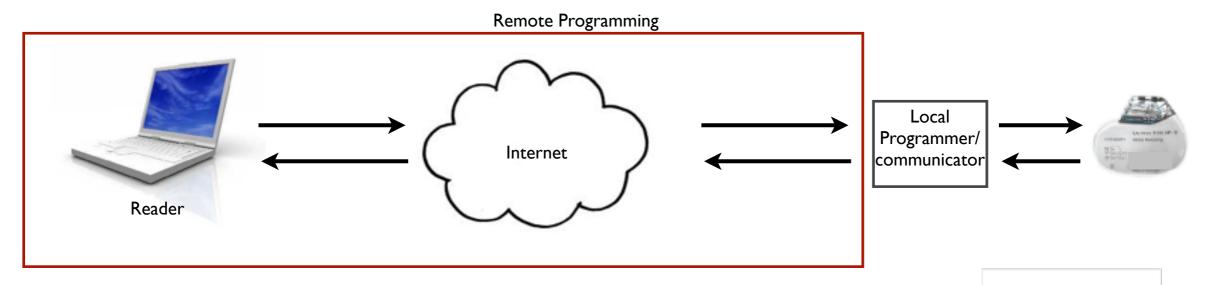
http://venturebeat.com/2008/08/08/defcon-excuse-me-while-i-turn-off-your-pacemaker/http://www.secure-medicine.org/icd-study/icd-study.pdf



(Implantable) Medical Devices and Access

- Today:
 - local programming (therapy and firmware updates)
 - remote monitoring
- Future: remote programming





ETH zürich



Must prevent unauthorized access

- Medical data is private and sensitive.
- Device settings can be critical.



Must prevent unauthorized access

- Medical data is private and sensitive.
- Device settings can be critical.

Must allow local (and remote) access by authorized physicians

Change settings, readout data, access history.



Must prevent unauthorized access

- Medical data is private and sensitive.
- Device settings can be critical.

Must allow local (and remote) access by authorized physicians

Change settings, readout data, access history.

Must not get in the way

- In case of emergency
- new / replacement doctor, new hospital, holidays, ...



Must prevent unauthorized access

- Medical data is private and sensitive.
- Device settings can be critical.

Must allow local (and remote) access by authorized physicians

Change settings, readout data, access history.

Must not get in the way

- In case of emergency
- new / replacement doctor, new hospital, holidays, ...

Must be accepted by the users



Must prevent unauthorized access

- Medical data is private and sensitive.
- Device settings can be critical.

Must allow local (and remote) access by authorized physicians

Change settings, readout data, access history.

Must not get in the way

- In case of emergency
- new / replacement doctor, new hospital, holidays, ...

Must be accepted by the users



Must prevent unauthorized access

- Medical data is private and sensitive.
- Device settings can be critical.

Must allow local (and remote) access by authorized physicians

Change settings, readout data, access history.

Must not get in the way

- In case of emergency
- new / replacement doctor, new hospital, holidays, ...

Must be accepted by the users

In case of remote access

- Provide access control to the user
- Must not introduce a single point of failure



Proposed Solutions for Access Control to IMDs



Credentials: single point of failure - but a good basis ←

Pre-shared secret keys / public-key certificates



Token Based Approaches: usability / acceptance

- Token based access (USB, Smartcard, ...)
- Communication Cloaker
- Tattoos, Heartbeats, ...

User Alerts: does not prevent unauthorized access

Sound/vibration when IMD is engaging in communication.



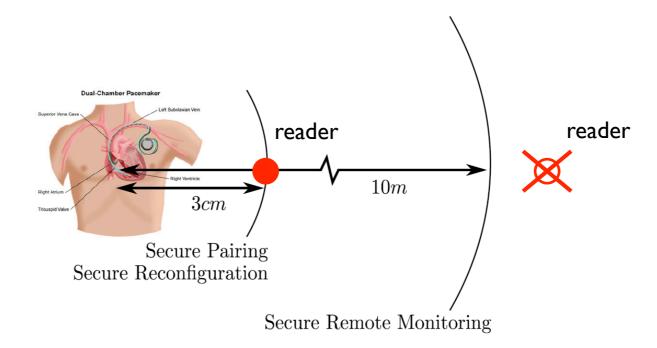
Proximity-Based Approaches



Proximity-Based Access Control

Only If a reader is close to the implant, it gets access.

 An untrusted device - the prover (reader) wants to prove that it is close to another device - the verifier (pacemaker).



Proximity-Based Access Control

Liked and the least disliked by the patients

Security Approach	Mockup System	Liked (N= 11)	Disliked (N= 11)	Would Choose (N=11)
Password & Body Modification	Medical alert bracelet	0%	27%	0%
	Visible tattoo	9%	55%	9%
	UV-visible tattoo	18%	27%	18%
Patient Behavior Change: Wristbands	Regular	0%	36%	0%
	Emergency and warning	45%	27%	27%
	Patient-specified functionality	0%	36%	9%
Patient-Passive	Criticality-aware IMD	27%	18%	27%
	Proximity bootstrap	27%	0%	27%

Patients, Pacemakers, and Implantable Defibrillators: Human Values and Security for Wireless Implantable Medical Devices, Tamara Denning[†], Alan Borning[†], Batya Friedman[‡], Brian T. Gill, Tadayoshi Kohno[†], and William H. Maisel, CHI 2010





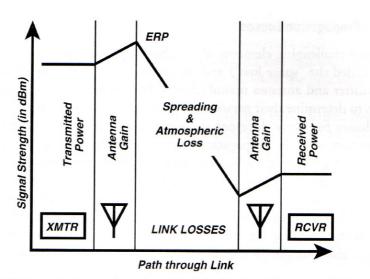


Secure Proximity Verification

RND Smart Label Arteritor M Smart Label Arteritor Arteritor Date

Secure Proximity verification

- Magnetic Switch: no range guarantees, no authentication
- Short range LF no range guarantees
- MICS band RF
 Communication DOES NOT imply
 physical proximity (in adversarial
 environments)



To calculate the received signal level (in dBm), add the transmitting antenna gain (in dB), subtract the link losses (in dB), and add the receiving antenna gain (in dB) to the transmitter power (in dBm).

©D. Adamy, A First Course on Electronic Warfare

Solution:

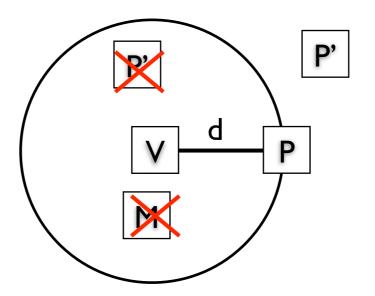
• Secure Proximity Verification using Distance-Bounding.



Distance Bounding (0)

Distance Bounding (DB) Protocols:

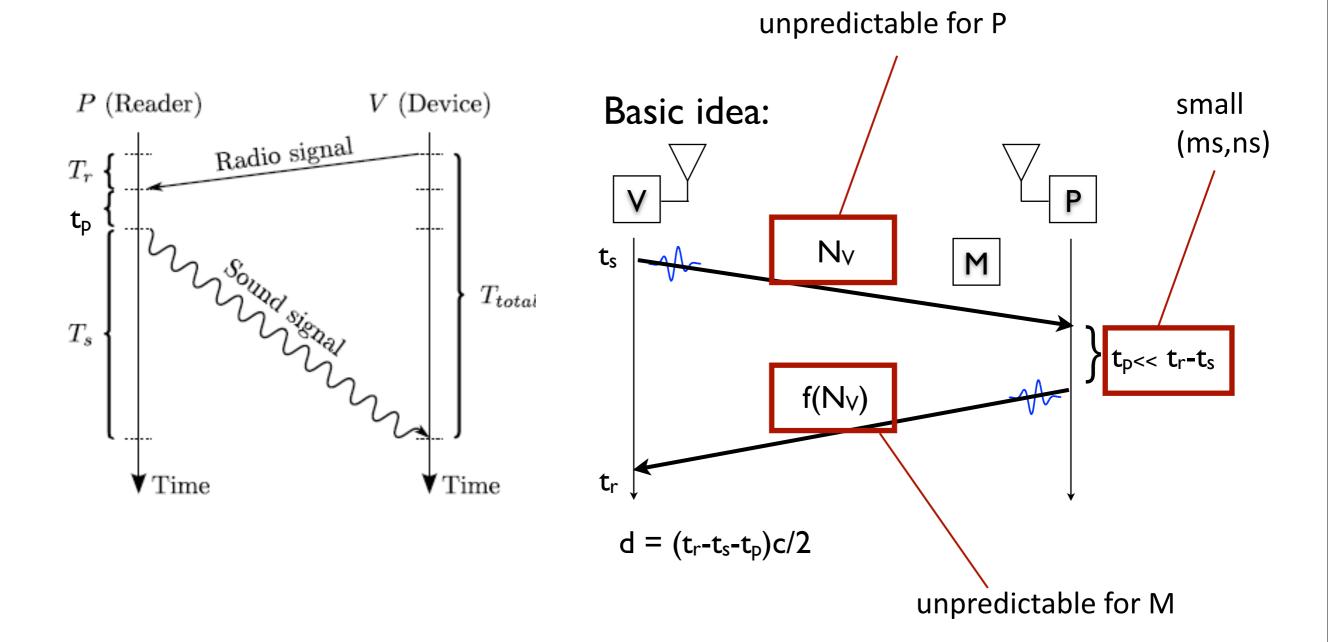
- Enable the Verifier to measure an upper-bound on the physical distance to the Prover
- Prevent distance frauds: P pretends to be closer to V than
 it is (i.e., the measured distance is shorter than the actual
 distance d). P is untrusted.



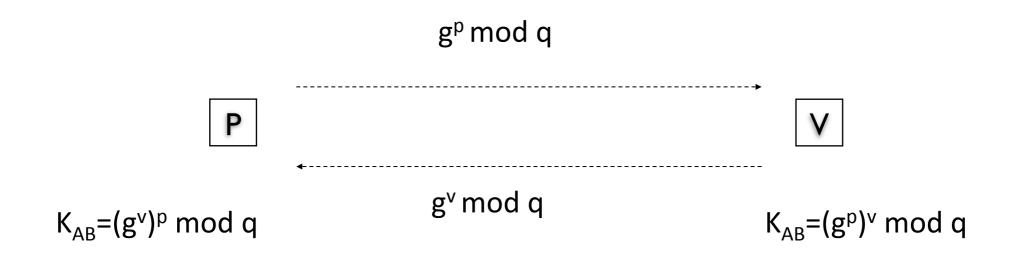


Distance Bounding (I)

Distance Bounding (DB) Protocols: Basic idea



Background: Diffie-Hellman

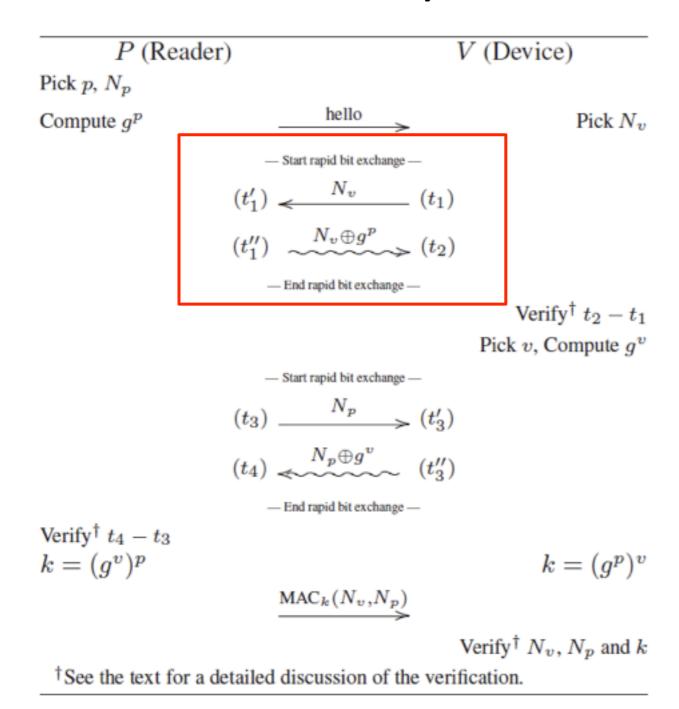


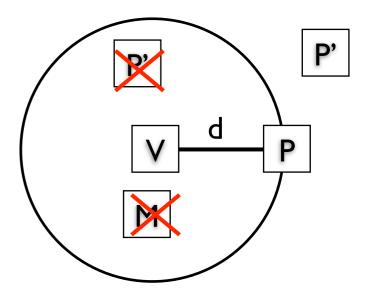
Idea:

- Authenticate $g^p \mod q$ by the distance from which it came
- If d ≤ d* => grant access and establish the key else reject access



Proximity-Based Access Control





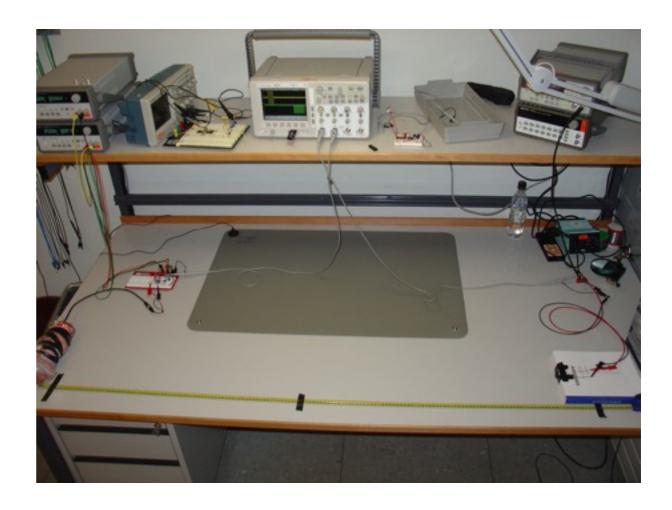
P cannot pretend to have sent **g**^P from closer distance, only from further away.

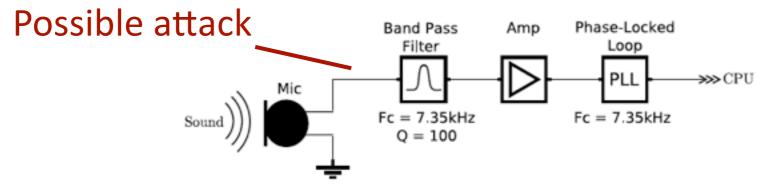
K. Rasmussen, C. Castelluccia, T. S. Heydt-Benjamin, S. Capkun, Proximity-based Access Control for Implantable Medical Devices, CCS 2009

ETH Zürich

Implementation and Tests



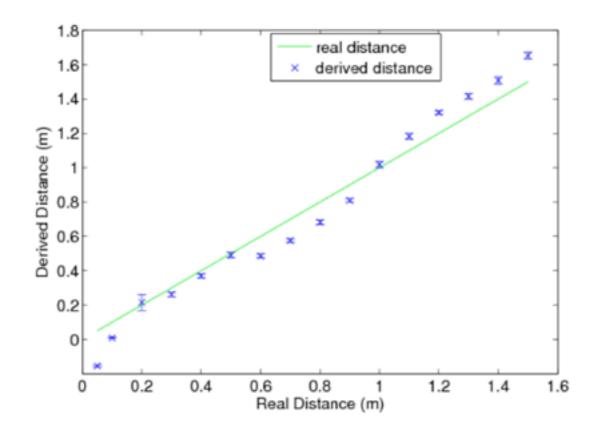






Implementation and Tests

Speed of sound (air) 340m/s, (meat) 1500m/s t_p = 412ns, <1mm of security guarantee (in our prototype)



Distance measurement granularity: < 1cm



Summary (Access)

- Access control is a problem
- Proximity can be used to enforce Access Control
- Intuitive for the users
- Is not subject to single point of failure (remote)
- Easy to define intuitive policies e.g.
 - <5cm => full access
 - < 1/2 m => only monitoring
 - < 1/2 m + key => full access





If a patient wears/has a device implanted.

Is tracking feasible? How accurately can people be tracked?



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely



If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely

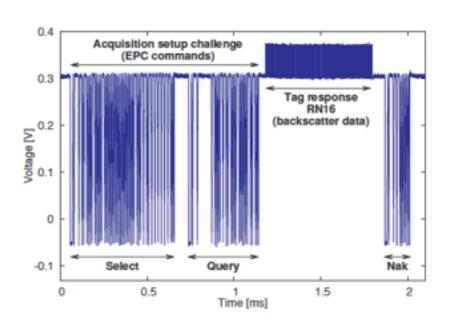


If a patient wears/has a device implanted.

- Is tracking feasible? How accurately can people be tracked? Due to manufacturing imperfections, devices exhibit *observable* 'fingerprints'
 - RFID tags, WiFi, sensor nodes, mobile phones, etc ...
 - IMDs? very likely

Wireless signal collection + pattern recognition = successful remote identification / classification.





Usenix Security 09, Mobicom 10, ...

Srdjan Capkun, Securing Access to Medical Devices





Some problems are inherently difficult to solve

• e.g., tracking, location privacy





Contact

- www.syssec.ethz.ch
- <u>capkuns@inf.ethz.ch</u>

