Take Two Software Updates and See Me in the Morning:

The Case for Software Security Evaluations of Medical Devices

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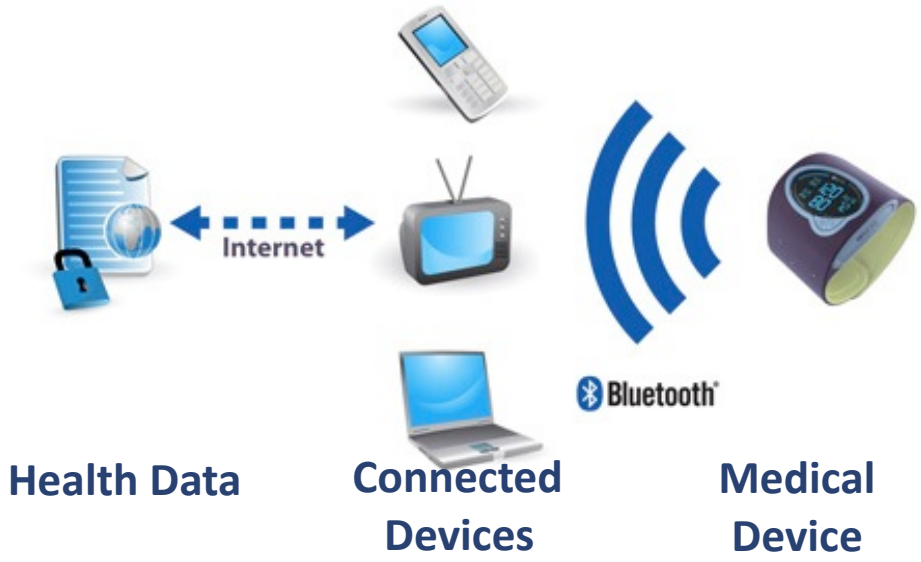
Changing Medical Device Landscape

- ***Increased*** software complexity
- Software plays an increasing role in device failure
  - 2005-2009 (18%) due to software failure, compared to (6%) in 1980s
- ***Increased*** attack opportunities
- Medical device hardware and software is usually a ***monoculture*** within device model



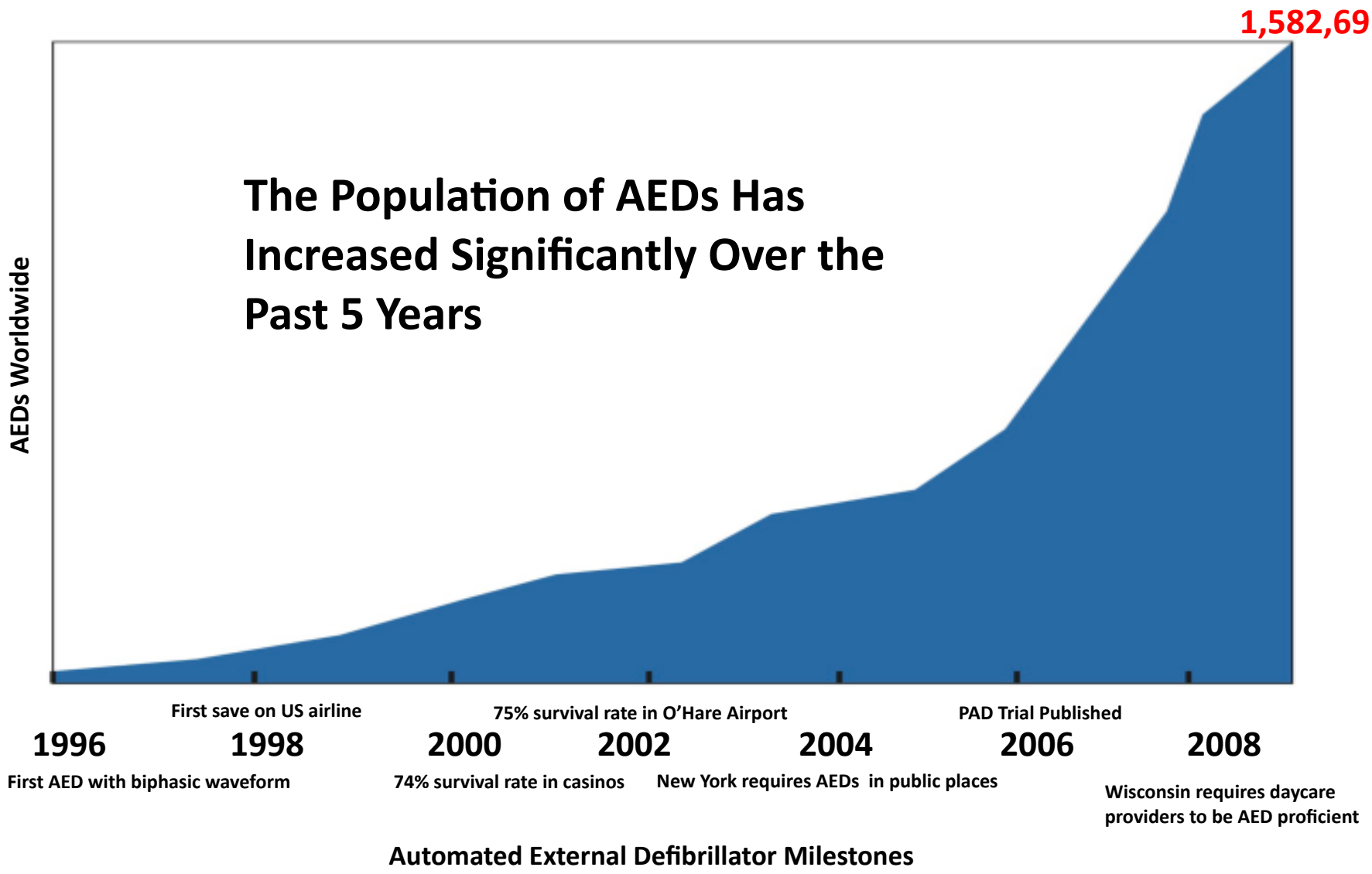
Automated External Defibrillators

28,000 adverse event reports in 14 Models recalled 2005-2010.

To be clear…

AEDs

ICDs



Global Automated External Defibrillators (AED) Market: Demand to Drive Growth; June 2009 U.S., European and Japanese External Defibrillation (PAD) Market Report. Frost & Sullivan. 2000. Valenzuela TD, et al. *N Engl J Med.* 2000;343:1206-1209. Caffrey S, et al. *N Engl J Med.* 2002;347:1242-1247.

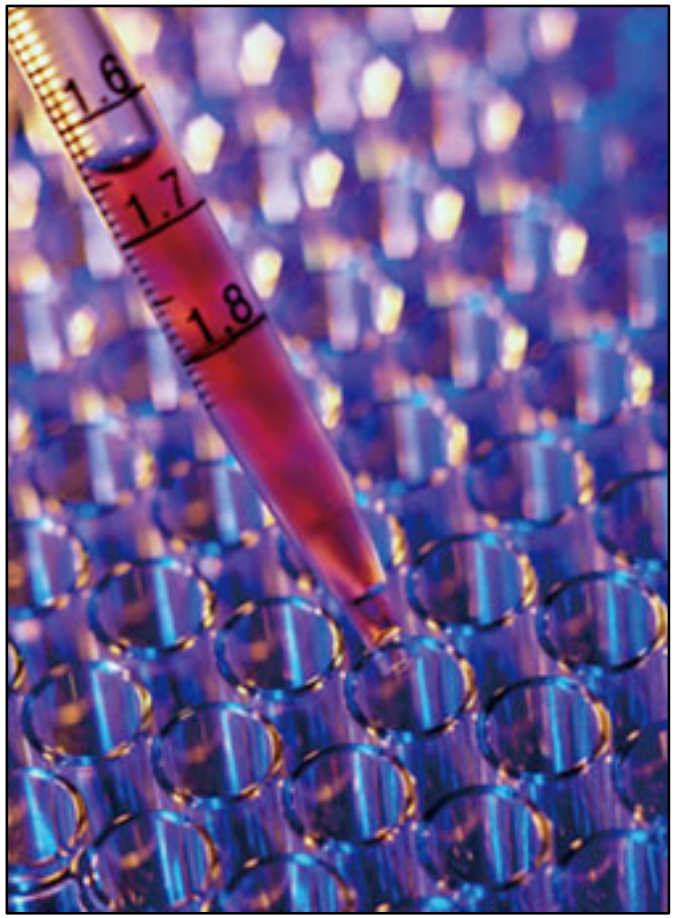
Our Objectives

- Explore state of AED software security
- Examine for standard software security flaws
  - Data handling, coding practices, developer assumptions
- Give insight into state of medical device software and potential for future abuse

Desirable Medical Device Properties

The device should:

- Ensure that software running on a system is the image that was verified
- Detect compromise
- Verify and authenticate device telemetry
- Be robust: defenses and updates weighed with risks to patient



Case Study

- Analyzed **Cardiac Science G3 Plus** model 9390A
- Performed static reverse engineering using IDA Pro
  - Analyzed: *MDLink*, *AEDUpdate* and device *firmware*
- Analysis using BitBlaze architecture
  - BitFuzz, the dynamic symbolic path exploration tool
- Remarks
  - Problems likely not isolated to the G3 Plus
  - Potential for abuse as devices become more connected

Vulnerabilities Discovered

1. AED Firmware - Replacement
2. AEDUpdate - Buffer overflow
3. AEDUpdate - Plain text user credentials
4. MDLink - Weak password scheme

Vulnerabilities were verified on Windows XP SP2.

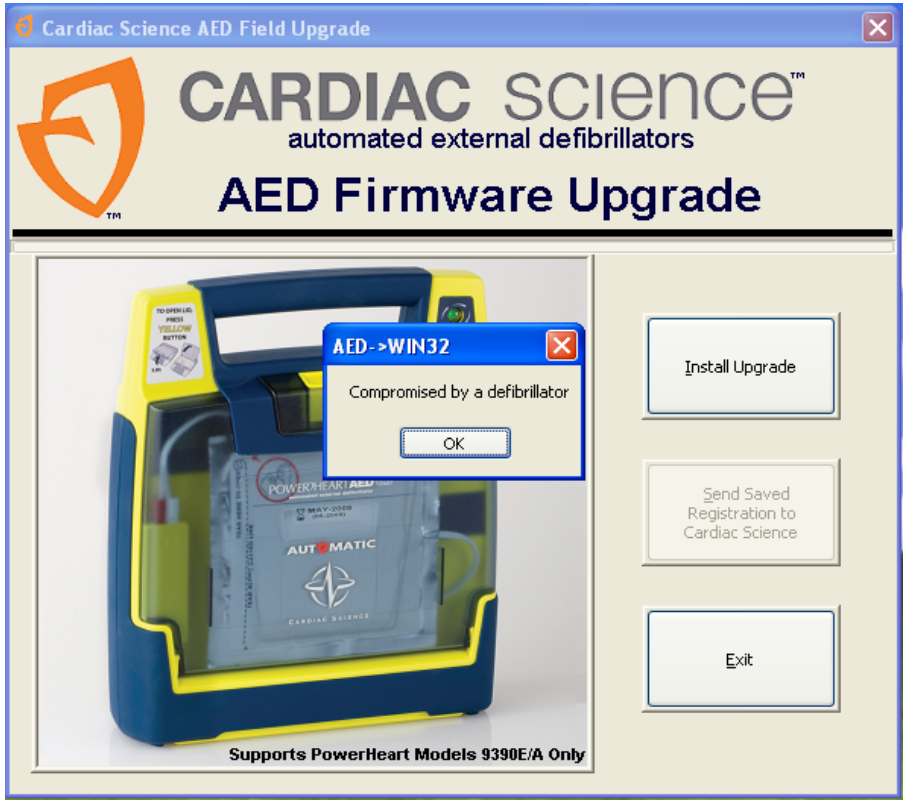
Firmware Replacement

- Firmware update uses custom CRC to verify firmware
- Modified firmware, with proper CRC, is accepted by AED and update software
- Impact: **Arbitrary firmware**

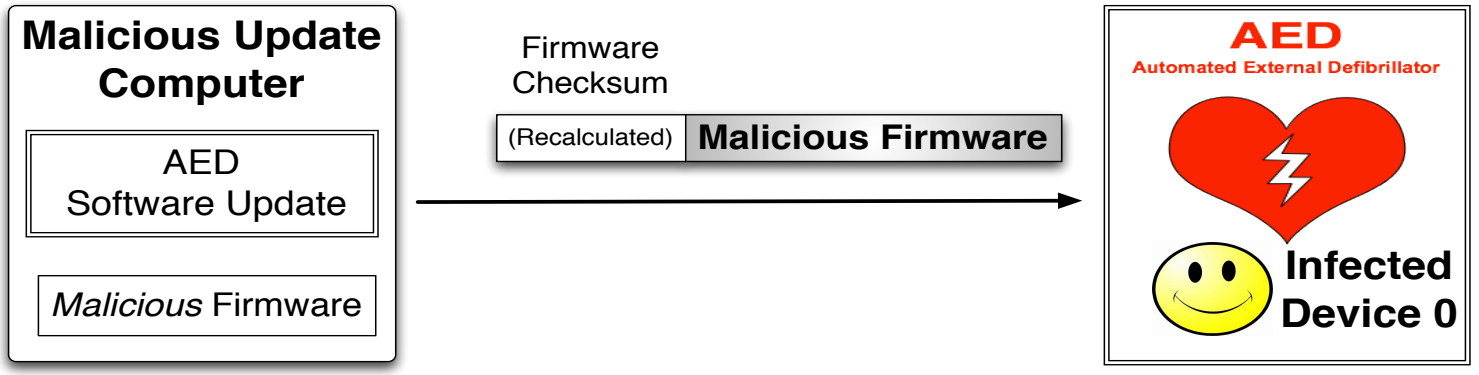
DEVICE COMPROMISED

AEDUpdate Buffer Overflow

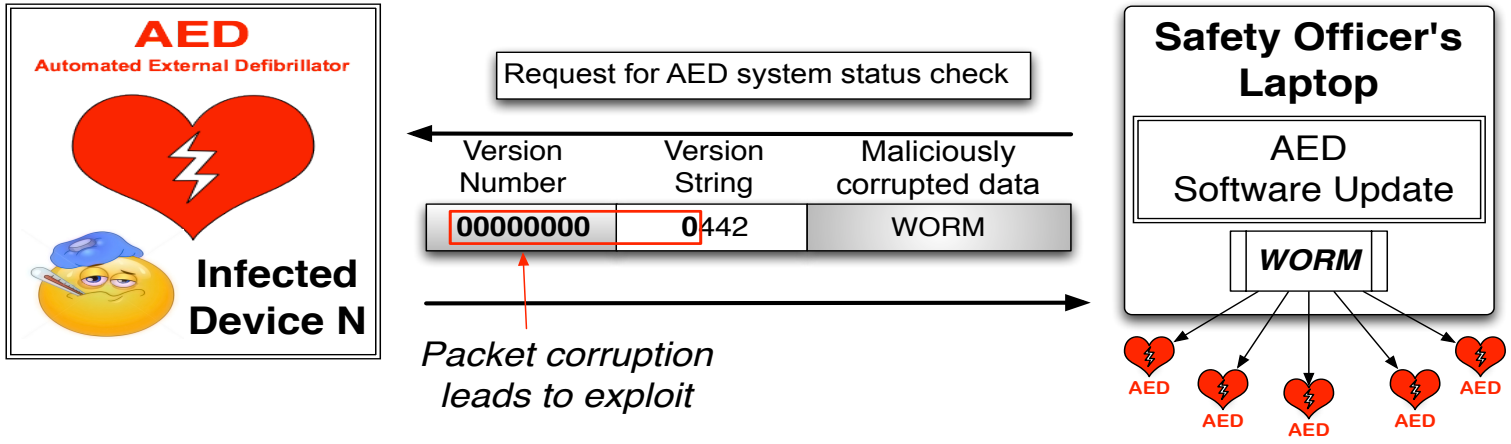
- During update device handshake, device version number exchanged
- AEDUpdate *improperly* assumes valid input
- Enables **arbitrary** code execution
  - Data sent from AED can be executed as code on the host PC



Initial Malicious Firmware Update



AED Infecting Security Officer's Laptop



Improving Medical Device Security for Developers

- Lessons and open problems from the CS G3 Plus
  - Cryptographically secure device updates
    - No security through obscurity, ensures firmware authenticity
  - Device telemetry verified for integrity and authenticity
    - Defensively assume that data is not trusted
  - Passwords cryptographically secure and easily managed
    - Private data and life critical functionality should be protected by well-established cryptographic algorithms
  - Defenses and updates weighed with risks to patient
    - Medical devices should **fail open**

Recommendations

- Ensure the update machine is secure
  - Physical isolation, virtual machine for fresh install
- Follow FDA guidelines and advisories
- Remain vigilant
  - Monitoring physical access, routinely updating afflicted devices, and monitoring advisories released about the device

Final Recommendation

We recommend **continued use of AEDs** because of their potential to perform lifesaving functions.

The attack potential is currently unmeasured and currently, these devices overwhelmingly save more lives than they imperil.

Thank You

- Questions?
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