

Securing Critical Infrastructure

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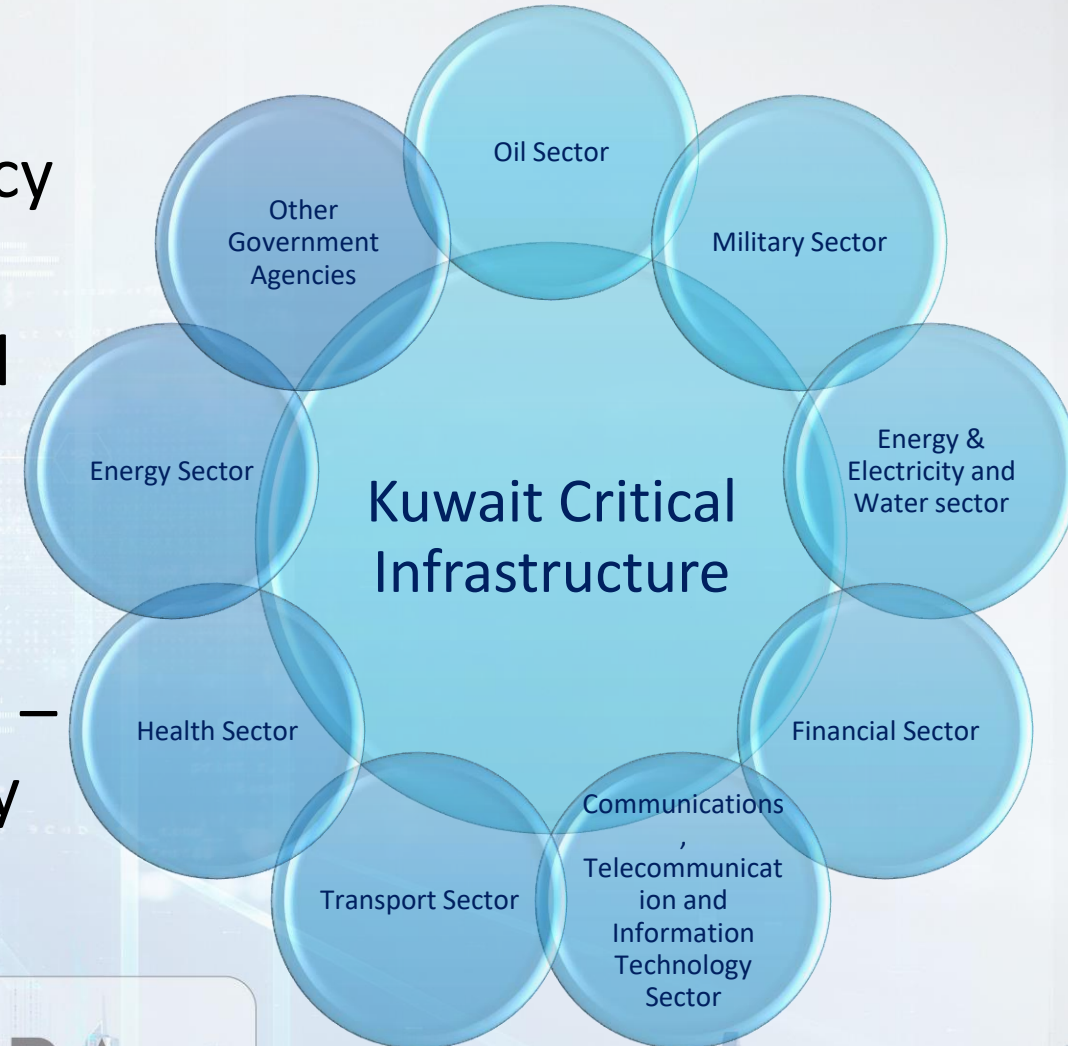
Let's face it, we're humans

- *“Rules are meant to be broken, and are too often for the lazy to hide behind” – General MacArthur*



Know your Critical Infrastructures

- The Cybersecurity & Infrastructure Agency (CISA) – US, identifies 16 critical sectors
- The Centre for the Protection of National Infrastructure (CPNI) – UK, identifies 13 critical sectors
- The Communication and Information Technology Regulatory Authority (CITRA) – Kuwait, as per the National Cybersecurity Strategy 2017-2020, identifies 9 critical sectors



Know *your* Critical Infrastructure

- Common sectors
 - Information Technology
 - Data Centers
 - Disaster Recovery sites
 - Finance Departments
 - Threat and Risk Management Departments
 - SCADA Systems
 - Oil & Gas
 - Water Treatment
 - HIS Systems
 - Hospitals



How to manage

- Security Operations Center (SOC) and Security Information and Events Management (SIEM)
- Physical Security UEBA
 - Access points
 - Door points
 - Human Motion DB?
- SCADA UEBA
- HIS UEBA



User and Entity Behavior Analytics (UEBA)

- This is a multi-tiered use case in SIEMs
- One tier acts as the basis/trend
- The second tier processes the differences based on the first tier
- The basis/trend's timeline is dependent on the use case required
 - Process anomalies usually range between a week to a month
 - Access anomalies should usually range between two weeks and a month
 - Sensors anomalies should range between 1 and 5 hours



How to manage UEBA use cases

- SCADA/HIS system to be integrated with SIEM
- **Modify** the SCADA system to log user accesses to terminals as well as audit operations
- HIS audits are a default as per HIPAA compliancy
- Since systems differ, and according to the SIEM platform, accommodate username mnemonics with users
- Build specific behavioral analytics use cases
- SOC is a real-time operation. Eyes on screen are for live events being triggered according to specific use cases.



Case 1: GM's Office

- Employee tries accessing the GM's floor/office
- Access card denied
- Employee tries opening the door, door locked
- Employee forces the door open, the door opens (brute force)
- Employee enters and vandalizes the office or steals something
- The next day, GM notices something wrong, and they check the security camera footage.



Case 1: Applying UEBA and SOC

- Employee follows a constant trend, accessing certain areas throughout the month or specified time range
- Accessing the GM's office/floor triggers two alarms here:
 - Timing is different than that of base trend
 - Location is different that that of base trend
- Brute forcing the door open triggers two alarms:
 - Sensor is down (normal alarm)
 - Sensitive area sensor is down (normal alarm)
- SOC would see that two alarms were raised following each other. Triage would show the relationship. Prompt escalation to mitigate vandalism and/or theft with physical security personnel



Case 2: Water Treatment Factory

- Let's imagine having a disgruntled employee working in a water treatment factory.
- Employee at day T, becomes agitated, accesses the waste water tank system, and changes the amount of chlorine added into the waste water.
- Employee then changes pH level of waste water accepted
- This water is then pumped out into the sea or lake, killing marine life.
- After weeks of investigations; it is found that disgruntled employee changed the chlorine and acceptance levels of the waste water tank.



Case 2: Applying UEBA and SOC

- Waste water tank sensors should be applied into a UEBA
- First alarm trigger would be the UEBA use case triggering for a changed sensor rating
- Second alarm trigger would be to an operator accessing a non faulty unit (normal alarm)
- Third alarm trigger would be the UEBA use case triggering for a unit acceptance trend
- At any point in time, a SOC escalation of any of the alarms raised would trigger a response to resolve the issue



Case 3A: Hospital Registration Desk

1. Appointment scheduling managed by employees
2. Appointment number 3 has been booked for insured patient G.
3. Employee signs out and signs in with an elevated user's account.
4. Employee adds non-insured patient D's information as a dependent of patient G.
5. Employee signs out of elevated user's account, and signs back to their account
6. Employee adds another appointment for patient G
7. Employee changes patient G's initial appointment, and adds patient D (now a dependent)
8. Employee calls patient G, and confirms change of appointment, blaming the system as being slow during the initial appointment booking and the slot taken through another employee



Case 3A: Applying UEBA and SOC

- Impersonation step (point 3)
 - UEBA will trigger for the impersonation that occurred
 - A secondary alarm could be triggered if applied in the environment, which includes concurrent sign in's specifically over terminals (NAC integrations)
- HIPAA Breach (point 4)
 - This could be detected by a normal non-UEBA alarm
 - UEBA use cases can be applied for authorized personnel.
 - It is highly recommended to keep both types of alarms for these as there can be a huge number of false positives
- Duplicate appointments (point 6)
 - According to the hospital terms. This could be applicable in some scenarios. This would be considered as a normal alarm
- Social Engineering (point 8)
 - Although this is undetectable by a SOC or UEBA use cases, warrants security awareness to patients are a requirement. Patient G can take further actions according to the awareness bulletins

Case 3B: Patient Files

- Doctor is performing an approved statistical study on their patients
- Doctor doesn't have time to perform this statistical study during working hours.
- Hospital administrators blocked the usage of external storage (including cloud)
- Doctor requires patient data files to complete study. The doctor exports patients' medical records to their workstation
- Doctor emails these files after compressing them into 10, 10MB files, to be able to send them via email



Case 3B: Applying UEBA and SOC

- UEBA application on HIS audit
 - Triggers on doctor accessing multiple patient data within a certain time period
 - Triggers according to time frame in which doctor is accessing the system
- Exporting of patient medical record (MRI)
 - Normal alarm (prone to false positives due to nature of action)
 - UEBA triggers for multiple MRI exports within a time frame through one user
- Email Exfiltration
 - Normal alarm, with action taken to quarantine such emails
 - Some SIEMs/SOARs allow taking action on certain systems through an API when an alarm triggers.



Sample: UEBA Process Anomaly

Trend Baseline (Rule 1)

Primary Criteria = Process/Service
Restarted/Restarting/Started/Starting/Startup or Shutdown
Activity = Process/Service
Stopped/Stopping

All Log Sources

Group By = User Origin

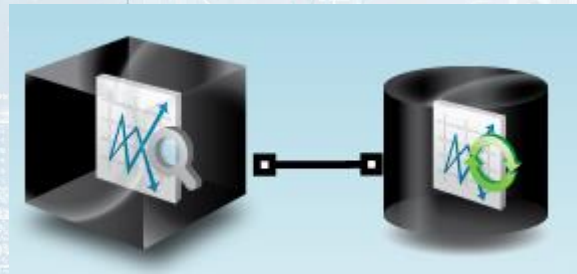
Data Fields = Process Name

Time and Schedule

Live Time Period = 7 days

Evaluation Frequency = 0mins

Evaluation Schedule = Always Active



Expressions and Results

1. HistogramSimilarity(live:Process, baseline:Process) < 0.5
2. UniqueCount(live:Process) >= 5
3. UniqueCount(baseline:Process) >= 5

Results = 1 and 2 and 3

Trend Monitor (Rule 2)

Primary Criteria = Process/Service
Restarted/Restarting/Started/Starting/Startup or Shutdown
Activity = Process/Service
Stopped/Stopping

All Log Sources

Group By = User Origin

Data Fields = Process Name

Time and Schedule

Live Time Period = 7 days

Baseline Time Period = 7 days

Evaluation Frequency = 1 hour

Evaluation Schedule = Always Active