PRESENTED AT

33rd Annual Technology Law Conference

May 21-22, 2020

Data Theft, Doxing, and the Sinister new Age of Ransomware

Reference Materials

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Reference Materials

- **Statutes**
    - Tex. Bus. & Com. Code §§ 521.002, 521.053.
    - Conn. Gen. Stat. § 36a-701b.
    - N.C. Gen. Stat. §§ 75-61, 75-65.
- **Articles**:
    - Lizzie Cookson, *A False Promise of a Pause on Ransomware Attacks in Healthcare*, Kivu Consulting, Inc. (April 19, 2020).
    - Max Kochev, *We Predict a Ryuk: The Coming Surge in Ransomware*, Kivu Consulting, Inc. (April 30, 2020).
    - *FACT SHEET: Ransomware and HIPAA*, U.S. Department of Health and Human Services, Office for Civil Rights (July 11, 2016).
    - *Fall 2019 OCR Cybersecurity Newsletter*, U.S. Department of Health and Human Services, Office for Civil Rights (last visited May 18, 2020).
    - *Does a Ransomware Attack Mean There Was a Data Breach?*, American Bar Association, Law Technology Today (June 28, 2017).
    - Mary Beth Versaci, *Data breaches unlikely in August ransomware attack*, American Dental Association (October 7, 2019).

A False Promise of a Pause on Ransomware Attacks in Healthcare

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The internet has been buzzing with reports that ransomware operators promise not to target health and medical organizations during the Coronavirus (Covid-19) pandemic.[1] We know that disruptions to health care organizations caused by ransomware can prove fatal[2], and the risk of an attack during Covid-19 has amplified the danger. It is too early to know whether there is a downtick in attacks; however, we believe ransomware groups are still working with other malware operators in setting the stage for a maelstrom of attacks.

On March 17, 2020 Lawrence Abrams, the creator of Bleeping Computer, contacted ransomware groups, Maze, DoppelPaymer, Ryuk, Sodinokibi/REvil, PwndLocker, and Ako ransomware among others and asked if they would continue targeting health and medical organizations during the outbreak.[3]

Except for Ryuk, most of the groups contacted claimed they would halt attacks against health and medical organizations. CLOP ransomware reportedly denied having ever gone after the likes of hospitals and nursing homes and had no plans to start doing so. DoppelPaymer proclaimed they would decrypt the files for free in the event a healthcare entity inadvertently fell victim to their attacks (but added they will be “triple” checking the identities of victims to ensure no one is trying to weasel out of payment by posturing as such a company).

Additionally, similar discussions are appearing in the underground cybercriminal community and on the dark web. Researchers have recently come across a dark web user who received negative responses from his or her fellow community members after inquiring how to best to exploit Covid-19.[4]

On the surface, this appears reassuring. However, via exclusive threat intelligence feeds, Kivu has seen steady activity from the trojan groups that stage many of the more disruptive attacks.

It is important to understand how targeted ransomware attacks are staged. Before ransomware actors gain access to a system, networks are often first compromised by information-stealing

trojans, masquerading as legitimate software. These trojans are typically delivered via phishing campaigns, either through a link in the body of an email or as a weaponized attachment. Once triggered, these trojans perform multiple functions related to network reconnaissance and report the metrics they collect back to the hackers' Command and Control (C&C) servers.

Once access is established, the ransomware groups can acquire the credentials to launch an attack. From the list of thousands of compromised networks, those perceived as high value are then put on a short list to be targeted for ransomware. It is extremely important to note, however, that there is no definitive or consistent timeline between when the trojan infection is introduced and when the ransomware attack begins. In Kivu's experience, the period of dormancy between trojan and ransomware can be as long as 12 months, as short as 24 hours, or anything in between. The human-operated nature of big game ransomware allows the bad actors to decide precisely when they wish to detonate the attack.

While ransomware groups may claim to adhere to a moral code in avoiding attacks on the healthcare sector during this time, that does not extend or have bearing on the intentions or actions of their malware partners. We believe it is likely that pre-attack trojan infections will persist at their usual rate among healthcare and all industries alike, and ransomware operators will either (a) attack at will, like some continue to do[5], or (b) patiently sit on their treasure chest of kingdom keys that continue to be harvested until the global effects of the pandemic begin to subside and scrutiny on healthcare attacks starts to diminish. Even ransomware groups value good press and will take the opportunity to perpetuate the illusion that they are amongst the honorable contingent of thieves.

It is crucial to understand that if your organization is not suffering an active extortion attack, there is still every possibility that the groundwork is quietly being laid for a future ambush.

Unlike some malicious files that have static signatures and run from a single location, trojans like Emotet and Trickbot are polymorphic in nature. Each new copy of the trojan is not only designed to have a new signature, but to download under a different filename, and live in multiple unique directories. Signature-based detection only recognizes a malicious file if that file's signature has previously been reported as harmful. Emotet and Trickbot churn out unique signatures nearly every time they replicate, making it effectively impossible for traditional antivirus to keep up with each iteration. The only solution that can combat this kind of threat is detection based on behavior and heuristics, which can detect, isolate, and kill files that are behaving abnormally, even if they have an unknown signature. There are many endpoint monitoring solutions available that use behavior-based detection to thwart trojan infections.

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First appeared as part of the conference materials for the
33rd Annual Technology Law Conference session
"Data Theft, Doxing, and the Sinister New Age of Ransomware"